# Two Lectures ON THE LARYNGOSCOPE.

*Delivered at the Royal College of Physicians,*

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## LECTURE II.

(*Concluded from page 87.*)

AMONGST the most interesting results of the use of the laryngoscope has been the clear light which it has thrown upon the *causes of hoarseness and aphonia*. These are very various, but they have usually this in common, that they in some way interfere with the close apposition or with the free vibration of the vocal cords. I will briefly refer to some of those which I have myself seen.

A wart, the size of a large pea, between the anterior insertion of the cords had rendered a man hoarse for seven years. This occurred in a patient of Dr. Morell Mackenzie, and I saw Dr. Mackenzie remove the wart very skilfully by means of his forceps. In another case, a tumour the size of a split pea projected from the left cord inwards towards the opposite cord.

In several cases the true cords have had an uneven granular surface. In some the natural white colour has been retained, but in others the surface has been of a dull-red colour.

Lately Dr. Tyler Smith sent me a mechanic who had been hoarse for twenty years. He had taken medicine incessantly for the first ten years, with the effect of injuring his health, but without improving his voice. The cause of the aphonia in this case is a warty excrescence covering two-thirds of the length of the right vocal cord. The left cord, too, is somewhat uneven and granular. This patient tells me that he has repeatedly coughed up small seed-like particles from his throat. These have probably been portions of the warty growth forced off by the effort of coughing.

A gentleman has been hoarse for many years, since suffering from syphilitic disease of the larynx. In this case the right vocal cord, near its middle, had evidently been divided by an ulcer. The divided ends of the cord are thickened and nodulated, and there is a great gap in the glottis when he vocalizes.

A frequent cause of hoarseness and aphonia in different degrees is swelling of the so-called false cords to a sufficient extent to fill the ventricle of the larynx. The swollen mucous membrane presses on the true cords and damps their vibrations. This is the condition of the larynx which is most commonly found in cases of inflammatory sore-throat with hoarseness. These are, in fact, cases of mild laryngitis.

A less frequent cause of hoarseness is thickening and swelling of the inter-arytenoid fold of mucous membrane. This prevents the approximation of the cartilages and the closure of the glottis.

In cases of *tubercular ulceration of the larynx*, many of which I have examined with the laryngoscope, there is usually much swelling, and often ulceration, of the mucous membrane at the sides and back of the larynx; and this sufficiently accounts for the hoarseness which is commonly present. Less frequently the true cords are thickened and ulcerated.

I have before mentioned the case of a man who had aphonia from paralysis of the laryngeal muscles, the result probably of pressure on the recurrent nerves by cancerous disease in the chest. Also a case of aneurism of the aorta, in which, amongst other symptoms, there was hoarseness from pressure on the recurrent nerve.

The cases of *hysterical or nervous aphonia* constitute another interesting class. In these cases we find, on examination, that the larynx appears in every respect quite normal, except that during attempts at speaking the glottis does not close: the patient whispers through a widely open glottis. It would appear that the power of closing the glottis is for the time quite lost. There is never any stridor during deep inspiration, for the open glottis does not resist the entrance of the air. These patients not only cannot speak, but they cannot cough or "hem;" for all of these acts require that the glottis should first be closed. Another interesting feature of these cases is the suddenness with which the voice often returns, and often, too, is again lost, to the disappointment of the practitioner, who is disposed to boast of having effected a permanent cure.

There is yet another class of cases—cases of the so-called *clergyman's sore-throat*, or *dysphonia clericorum*. These are not all of the same character. In some there is permanent hoarseness or thickness of voice. In these we usually find redness and thickening of the mucous membrane, which may be general or partial. In one case, which I have lately seen, the right vocal cord is of a dull-red colour, and its surface is roughened. In other cases there is no hoarseness or dysphonia, except after a sustained effort of speaking; then there is a sense of fatigue and uneasiness in the throat, which may be so great as to render a continuance of the effort impossible, and the speaker breaks down in the middle of his discourse. In cases of this kind we commonly find only a slight increase of vascularity and redness in the mucous membrane of the larynx. This evidently does not account for the phenomena of the disease, to explain which we must look below the surface which is reflected in the mirror. On inquiry into the early history of the disease, we frequently find that it began with an attack of inflammatory sore-throat and hoarseness; and we learn that, either from heedlessness or from necessity, the patient continued his preaching and reading—in short, he continued to exercise an inflamed and suffering organ. After a time the hoarseness passed away, but the painful sense of fatigue with long speaking remained. The probable explanation is, that the nutrition of the laryngeal muscles has become impaired through the extension of a morbid action from the inflamed mucous membrane. Such extension of disease is very likely to be provoked by much exercise of the voice when the lining membrane of the larynx is in a state of inflammation. And the practical inference from this doctrine is obvious: that an inflamed larynx, like an inflamed joint, should be left as much as possible at rest.

We have something analogous to what I have here described as happening to the laryngeal muscles in the impaired nutrition and loss of tone of the muscular fibres of the intestine, consequent on inflammation of either the serous or the mucous coat.

A French physician, Dr. Fauvel, has recently published a pamphlet entitled "Aphonie Albuminurique." The author states that aphonia from œdema of the larynx is a common result of Bright's disease of the kidney, and he speaks of it as occurring frequently without any other sign to excite a suspicion of the renal disease. It appears to me that Dr. Fauvel has considerably over-estimated the frequency and the importance of œdema of the larynx as a result of Bright's disease. In this country it is one of the rarest of the many complications of that malady. Some months since a woman under my care at the hospital with general dropsy from chronic Bright's disease had hoarseness and great dyspnœa. It was a point of some practical importance to ascertain whether the dyspnœa was a result of obstruction in the larynx. The laryngoscope showed sufficient œdema of the false cords to cause the hoarseness, but certainly not enough to obstruct the breathing. The dyspnœa was a result of pulmonary engorgement and œdema, and therefore would not have been relieved by tracheotomy.

In several of the cases to which I have referred it will have been seen that the information which the laryngoscope afforded as to the precise morbid condition of the larynx was of great value in indicating the appropriate plan of treatment. Now, this a point upon which I feel bound to insist very emphatically: that the treatment of laryngeal disease has by the aid of the laryngoscope been placed upon an entirely new basis—the solid basis of an exact diagnosis. How often in past times has the treatment for laryngitis been applied when the laryngeal affection has been of a purely spasmodic character!—and how much more frequently when the symptoms of a supposed laryngitis were the result of a warty, or cancerous, or other tumour in the larynx!

Shortly before I had learned to use the laryngoscope I was attending, with Mr. Christopher Heath, a lady about fifty years of age who had suffered for several weeks from symptoms of laryngeal disease—hoarseness, cough, noisy and laborious inspiration. For several days we treated the case as one of laryngitis. Day by day the dyspnœa became more urgent, and at length tracheotomy was performed. She continued to breathe through the tube until her death, which occurred five months afterwards. The disease was cancerous: a cancerous

tumour completely filled up the glottis. We should have seen this easily enough with the laryngoscope. And having seen it, we should have given fewer drugs, and we should have been spared much painful doubt and perplexity as to the necessity for tracheotomy.

The effect of a misapplication of antiphlogistic remedies in cases of this kind is not only mischievous to each individual patient who is the subject of the erroneous treatment, but the practitioner's confidence in himself and in his remedies must of necessity be lessened by witnessing their repeated want of success. I suppose it to be very generally admitted that the most certain plan for cutting short an attack of acute catarrhal laryngitis—laryngitis, i. e., from exposure to cold, and not the result of any specific poison or of a constitutional diathesis—the most certain plan, both in adults and in children, consists in the administration of nauseating doses of ipecacuanha or antimony, with hot baths and the inhalation of steam; the object being to *sweat* both the skin and mucous membrane, and so to lessen the inflammatory congestion and swelling within the larynx. These remedies, directed against a wart, or a cancerous tumour, or the cicatrix of a syphilitic ulcer, will fail to do good; and if the error of diagnosis be not discovered, to some extent our confidence in the plan of treatment for acute laryngitis must be lessened.

One good result of the use of the laryngoscope will be, that henceforth fewer drugs will be consumed in cases of laryngeal disease, and those which are given will be administered with a more definite object and with a truer aim than heretofore. This in itself would be no slight gain, but the laryngoscope does more than this: it opens the way to methods of local treatment which, without its aid, would have been impossible and inconceivable.

Perhaps the greatest triumph of treatment by the aid of the laryngoscope has been the removal of tumours, polypi, and warty growths from the interior of the larynx. This feat has been accomplished now in numerous cases, and with the most satisfactory results. On the table are a variety of instruments that have been used by different operators; amongst others, Dr. Mackenzie's forceps, made by Kröhne, and Dr. Gibb's écraseur, by Weiss. The one seems better adapted to remove warty growths; the other, pedunculated tumours. Dr. Walker, of Peterborough, was the first who in this country succeeded in removing a tumour from the larynx by means of a wire.* In all operations for the removal of tumours the instrument is guided to the exact site of the tumour by the aid of the laryngeal mirror, which is held in the left hand of the operator.

In some cases of inflammatory swelling and œdema of the interior of the larynx, *scarification* is of great service.

I have already mentioned one case in which puncturing the mucous membrane rapidly reduced an œdematous swelling over the arytenoid cartilages. Here is a very convenient scarificator made under the direction of Dr. Morell Mackenzie by Messrs. Kröhne. It will be seen that the point of the instrument is guarded by a metallic tube until it is pushed out by a lever.

One of the most splendid illustrations of the good which may result from scarification of the larynx was afforded by a case which Mr. Durham lately communicated to the Royal Medical and Chirurgical Society.†

A boy, eleven years of age, was admitted into Guy's Hospital, under the care of Dr. Wilks, on June 10th, 1863. He had for three years suffered from gradually-increasing impairment of voice, and difficulty of breathing and swallowing. On admission all the symptoms were very severe. During the night of the 14th he was seized, as he had previously been on several occasions, while asleep, with a very severe attack of dyspnœa. Tracheotomy was on the point of being performed, but was delayed by the desire of Dr. Wilks, and on the following morning Mr. Durham was requested to make a laryngoscopical examination. On doing so the epiglottis could not be distinguished in its normal form, but instead there appeared a large round tense tumour, projecting backwards and downwards, and completely covering in and concealing the glottis. The tumour could be just reached by the finger. Feeling certain that it contained fluid, Mr. Durham, with the concurrence of Dr. Wilks, incised it with a long, curved, sharp-pointed bistoury, covered except at its point with sticking-plaster. The incision was followed by a sudden gush of thick glairy mucus mixed with a little pus and blood. All the patient's symptoms were at once relieved, and in the evening he was singing in his bed. In the course of a few days he was perfectly well. When examined four months afterwards he was in every respect well. There was no appearance of the cyst, but the cicatrix of the incision was just visible on the lower part of the laryngeal aspect of the epiglottis.

In many cases of laryngeal disease the application of *caustics* and *astringents* is very beneficial. There are various modes of applying these remedies. The safest and most convenient mode of applying solid caustic—to a syphilitic ulcer for instance—is that employed by Dr. Mackenzie. An aluminium wire, bent at a proper angle, has its end covered with a small bulb of nitrate of silver by being repeatedly dipped into the fused salt. A solution of nitrate of silver may be injected by a laryngeal syringe with a finely perforated nozzle, such as is used by Dr. Gibb, and made by Messrs. Weiss. I have frequently used this syringe, but I find that this fine shower of a solution of nitrate of silver causes much more spasm and distress than the application of the same solution by means of a brush fixed on a bent whalebone or on a bent wire.

*Glycerine* is a very convenient and useful vehicle for various local applications to the larynx. It is an excellent solvent for tannic acid. Tannic acid may be dissolved in glycerine in the proportion of two drachms to an ounce. This is a very useful topical astringent. Glycerine will also, by the aid of heat, dissolve as much as one-fifth of its weight of hydrochlorate of morphia. We seldom require so strong a solution as this, but a moderately strong solution of morphia in glycerine is a most useful soothing application in cases of irritable larynx. Glycerine, as a vehicle for other remedies, has this advantage, that being viscid, it adheres to the surface of the mucous membrane, and retains there the astringent or the sedative which it holds in solution. On this account it may very usefully be mixed with a solution of nitrate of silver. A mixture of glycerine with a solution of perchloride of iron is a useful topical astringent. Glycerine may also be made the vehicle for *alum*. Whenever glycerine is applied to the larynx it must be done by means of a brush; it is too thick a liquid to pass through a syringe.

Amongst local applications to the larynx I may mention that Dr. Mackenzie has successfully applied *electricity* in some cases of nervous aphonia. By means of a simple instrument one pole of a magneto-electric machine is applied to the interior of the larynx, the other to the skin of the neck outside. The sudden shock excites a spasm of the laryngeal muscles, and this often restores the voice. A strong solution of caustic applied to the larynx has sometimes had the same effect. And in other cases of this kind a sudden and violent mental emotion, whether joyous or painful, has immediately brought back the voice.

Having said thus much of the local remedies for laryngeal diseases, and having shown, as I trust, that I am not disposed to undervalue them, I yet feel it a duty to remark upon the possibility that the larynx may get too much of local treatment. The laryngoscope has brought this organ so completely within our reach that we are all exposed to the temptation of being too meddlesome. We may be too apt to forget that a structural disease, strictly limited to the larynx, may yet be constitutional in its origin, and require a plan of treatment based upon the recognition of that fact. If we can avoid the error to which I have here alluded, the introduction of the laryngoscope will be an unmixed good both to ourselves and to our patients, and it will soon be acknowledged to be one of the most valuable additions that have ever been made to our means of diagnosis and treatment.

* THE LANCET, vol. ii. 1861, p. 444.
† Ibid., vol. ii. 1863, p. 593.

## SURGICAL OBSERVATIONS.

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(*Concluded from* p. 88.)

### STONE IN THE FEMALE.

*Dilatation of the urethra with catgut; lithotrity; bone, teeth, hair, &c., extracted from bladder.*

HAVING seen a case of attempted lithotomy in the female, where the urethra was incised towards the pubes, and the instruments for extracting the stone missed the bladder and passed into the cellular tissue in front of it, the girl dying next day; having also seen the difficulty and pain attendant on the use of metallic instruments to dilate the urethra; and having heard that my predecessor, Mr. Okes, employed catgut for the purpose, I took the hint, and have found it answer remarkably well. My plan is to select pieces of catgut bougie, about four inches long, and pass through the urethra as many as it will

hold, securing them in their position by a thread tied round them and attached to a bandage which, passing over the os externum, has a slit in it to admit the bougies, and is tied at either end to another bandage round the waist. Usually I insert a silver catheter into the bladder first, and pass the bougies beside it. It allows the urine to flow off, and affords a *point d'appui* for the bougies. It is not, however, necessary, for there is usually sufficient room for the urine to escape between the latter. In a short time, the bougies, becoming swelled, dilate the passage in the gentlest and most gradual manner. After three or four hours it is quite easy to introduce one, two, or three more bougies, which begin to swell and further stretch the canal. Additional bougies may be added in such numbers and at such intervals as is found to be desirable; and the dilatation of the urethra is thus conducted in a safer and less painful manner than by any other device that I have known. Sometimes, on visiting the patient, I find all the bougies expelled by the straining expulsory efforts of the bladder. This is of little consequence: I merely fill the urethra again with fresh pieces, and proceed as before. It is the best plan to visit the patient frequently, and add one or two bougies every second or third hour, taking care to introduce them gently, oiling them well, and inserting the fresh ones between those that are already there; by which means the sides of the urethra are less likely to be injured. In twenty-four or forty-eight hours the passage is sufficiently dilated to admit the easy introduction of a pair of the forceps commonly used in lithotomy. The size required can be estimated pretty accurately through the information derived by the finger in the vagina, and had better be a little over than under the necessary mark. They must be used carefully; and, when the stone is in their grasp, the finger in the vagina will tell whether it is in the most favourable position, or will assist to bring it so. I take care to conduct the extraction very slowly, and with as little force as possible, giving the urethra time to dilate still further under the pressure of the forceps and the stone. The patient is under the influence of chloroform, and my object is to avoid lacerating the urethra rather than to shorten the time occupied in the operation. It is astonishing how wide the urethra may be dilated, without tearing, if only sufficient time be allowed; and, when it is torn in the extraction of large calculi, it very soon recovers, and the patient is able to retain the urine, which is shown by the following cases:—

Mary A——, aged fifty-three, had symptoms two years. The stone was readily felt with the sound; and the finger in the vagina detected a lump, of the size of a chesnut, lying on the right side of the fundus. At eight A.M. I commenced dilatation by inserting three catgut bougies. At eleven she was suffering from the distension of the bladder, which was relieved by the addition of a catheter. At two P.M. another bougie; the same at five; and two more at nine. She slept a great part of the night. At eight next morning I found that the bougies had just escaped from the bladder. The urethra was well dilated, admitting with ease a small pair of lithotomy forceps, with which an oval lithic acid stone, weighing two drachms and ten grains, was grasped in a favourable direction, and dragged slowly through the urethra without much difficulty. In three days she could hold her water quite well.

Susan J——, aged three. Attempts had been made to extract the stone by the surgeons of her native place, but they found it too large to be drawn through the urethra. I could not feel it from the rectum. At twelve o'clock dilatation was commenced by two bougies; at five, a third; at nine, a fourth; at seven next morning, a fifth. They were passed with little difficulty, and the child had not suffered much pain, sleeping a good deal. At eleven A.M., when she was under the influence of chloroform, a small pair of lithotomy forceps was introduced; the stone was quickly seized, and gradually drawn through the urethra, dilating and perhaps tearing a little as it passed. It weighed two drachms and twelve scruples. There was incontinence of urine for two days; on the fifth, she could retain the water four or five hours; and in two more days was discharged cured.

From a girl, aged four, I extracted by the same process a stone weighing three drachms and a half; from another, aged five, a stone weighing two drachms; and from a third, aged twelve, a rough stone weighing an ounce and a drachm, measuring in its smallest circumference three inches and three-quarters, and in its largest four inches and a half. They all recovered quickly and completely.*

The conformation of parts in the female is extremely favourable for lithotrity. I have had recourse to it in some cases with excellent result. But where the stone is large, and especially in the child, I think it is better to effect the extraction at once. Under such circumstances, and in such delicate patients, the ureters, pelves, and calices of the kidneys are liable to be dilated and to take on inflammation if subjected to slight additional irritation, with the stone, or parts of it, remaining in the bladder and more or less impeding the flow of urine. The following case, which occurred early in my practice, shows the importance of being prepared to complete the operation of extraction at once. Had I done so the result might have been different.

A rather delicate girl, aged four, had symptoms of stone from birth. On Nov. 9th I commenced dilating the urethra with catgut bougies, and continued it gradually and carefully. They were several times expelled from the bladder. On the 11th, the urethra admitted a pair of forceps without difficulty, and I grasped the stone, which was evidently large. The forceps slipped from it, and I had some trouble in seizing it again, but at length succeeded. I felt something give way; and, the forceps slipping again, I found one of the blades almost broken through near the middle. The child, having been on the table some time and subjected to a good deal of pain, was sent to bed. Next day she appeared to be comfortable. On the 13th she was chilly and ill, and the urine rather thick. Some diarrhœa followed, with fever, an ulcer upon the palate, a torpid languid state, and death on the 20th. The muscular coat of the bladder was somewhat thickened; the mucous membrane showed one or two spots of slight bruising. The urethra was a little congested, but showed no signs of laceration or ulceration. The stone was as large as a bantam's egg. The ureters were dilated to the size of my finger. The pelves and calices of the kidney were large, and, together with the ureters, were distended with thick purulent urine. The substance of the kidneys was studded with small spots of pus. There were, besides, pneumonic patches with commencing suppuration in the lungs, superficial ulcers about the isthmus faucium, redness and prominence of Peyer's glands, and red patches in the bowels.

Another girl, aged twelve, with symptoms of long standing, got wet and caught cold on her way to the hospital on the 14th November. She had stillicidium urinæ and prolapsus recti, and was feverish. On Nov. 23rd she was sounded when under the influence of chloroform. The stone was evidently large; and her pallid emaciated appearance, quick feeble pulse, glazed lips, and sunken eyes, forbad any attempts at its extraction. She continued to decline, and died on the 26th. The stone, larger than a walnut and of phosphatic composition, was roughish,* and was grasped by the bladder, the coats of which were much thickened. The ureters were as large as my finger, but at the entrance into the bladder were of the natural size. The pelves, infundibula, and calices of the kidneys were much dilated and filled with urine, the cortical substance of the kidneys being reduced to very small proportions. On the right side the urine was turbid and purulent, and there was interstitial suppuration throughout the substance of the kidney.

*Bone, teeth, hair, &c., extracted from the bladder.*

Rebecca B——, aged thirty eight, sent to me by Mr. Wright, of Chatteris, in July, 1852. A healthy person, with the usual symptoms of stone. The urine alkaline, containing pus and blood corpuscles, and crystals of triple phosphate. Said that ever since her last confinement, seven years ago, she had been subject to pains in the left side of the lower part of the body, which were sometimes very severe. During the last year she had observed frequent "settling in the water, of red colour, with pieces of flesh." For the last few months only had experienced pain in passing urine. She said also that she had occasionally voided pieces of chalky substance, and once something much like a tooth. The sound came in contact with a foreign body, which was judged to be a stone. I accordingly proceeded to dilate the urethra in the manner above described. After twenty-four hours a small pair of lithotomy forceps were introduced, and soon seized a foreign body, which broke; a portion coming away in the forceps proved to be a tooth, like a bicuspid, in a socket of bone. I subsequently seized a larger mass, and having discovered it to be free, broke it with the forceps, and extracted several fragments of bone, teeth, and

* At the branch meeting of the British Medical Association in Cambridge in 1860, Mr. Bullen of Ipswich exhibited an oxalate-of-lime calculus weighing seven ounces, which was extracted by him through the urethra of a girl aged fourteen. It broke under the forceps, and was extracted in pieces. The child was able to retain her urine next day, and no incontinence followed.

* The stone was nearly spherical, but flattened upon the anterior surface, and superficially channelled by two grooves diverging from near the urethral opening. These grooves were probably caused by some projections on the internal surface of the bladder, though these projections were not very evident. Similar marks are often seen upon the under surface of large stones from men, and are due to contact with the prominent hinder edge of the trigone.

hair. She recovered quickly, and in a fortnight returned home, stating that she was quite well, though there was still pus in the urine. The bone contained the usual corpuscles. The hairs, of a reddish-brown hue, were mixed up with the bone and included in it, as if the bone had been formed round them; possibly they may have become insinuated into the smaller orifices of the bone which they occupied. The teeth were like bicuspids and molars; the former with bent, the latter with imperfect, fangs, and more or less completely enclosed in the bone. They were not arranged in a natural order, nor did the bone present at all the appearance of a maxilla. The fragments are preserved in the museum of the University of Cambridge.

After several communications with Mr. Wright, I went to Chatteris, on March 23rd, 1854, to extract further accumulations from the bladder. I learned that soon after her return home she began to pass from the urethra pieces of bone, teeth, and masses like chalk. One of the latter, which was shown me, weighed a drachm and a half, and measured nearly two inches in its smallest circumference; it was of irregular shape, quite smooth, with a pinkish exterior. Cutting into it, we found it to consist of an outer friable earthy crust, enclosing a fragment of bone with teeth projecting from it. The woman had lately suffered a great deal of pain, and was much thinned. Mr. Wright had succeeded in dilating the urethra by means of the catgut bougies; so that I had little difficulty in introducing my finger into the bladder. Directed to the left side, it entered a sac communicating with the bladder by a circular opening just large enough to admit the finger, having a soft defined edge. In this sac I could feel a large rough stone. With some difficulty I passed the forceps through the bladder into the sac and grasped the stone. It broke, and repeated introduction of the forceps was necessary to clear the fragments from the bladder. Then the finger found a quantity of the broken stone in the sac, which I contrived, with a great deal of trouble, to bring away by means of the scoop. At length I was satisfied that the sac and bladder were emptied, and washed them out thoroughly with water by means of a syringe. The lining of the sac appeared to be smooth and soft, but uneven, not unlike that of a bladder with rugæ. She recovered without an unfavourable symptom, soon regained the power of retaining her urine, and has remained quite free from any disorder of the bladder. On Sept. 25th, 1855, she was delivered of a very fine child.

There were a great quantity of hairs in this stone, especially in one portion, which had probably formed the centre; but no bone or teeth. Mr. Warner ("Philosophical Transactions," vol. xlvii.) and Sir Benj. Brodie each met with a very similar case; and the most probable explanation of them is afforded by the supposition that one of those ovarian cysts which are known not unfrequently to have bone, teeth, and hair growing from their walls, had ulcerated and discharged its contents into the bladder; that phosphatic deposit from the urine upon some hair remaining in the cyst formed the stone last removed; and that the clearing of the cyst on that occasion led to the cure. This view is confirmed by the dissection of another case by Dr. Phillips, given in the ninth volume of the "Medico-Chirurgical Transactions." There was a tumour of the ovary, containing cream-like substance and a quantity of hair, also a tooth attached to its wall; and "the bladder was distended with a substance similar to that contained in the ovarian tumour. Here, also, was discovered another large tuft of hair." I presume these contents had passed from the ovarian tumour into the bladder through some ulcerated communication.

The origin of the hairs which have in a few cases been observed to pass from the urinary passages of the male is somewhat more obscure. There are so many sources of error that it is first necessary to substantiate the fact with great care. Dr. Henry ("Medico-Chirurgical Transactions," vol. x.) satisfied himself, by the most careful investigation, that a quantity of short hairs, which a middle-aged gentleman observed in his urine, had their origin from some of the urinary passages. Sir Benj. Brodie also attended a gentleman who laboured under calculus of the bladder and disease of the kidneys, in whose urine he every now and then detected some very minute hairs, which he suspected to have been of renal origin. Two years ago I had occasion to remove from the perineum of a man, aged forty, one stone weighing five drachms, quite smooth, and composed apparently of lithate of ammonia, investing a soft putty-like nucleus; also several other smaller stones, made up of phosphate of lime and a quantity of short fine hairs, which were most numerous in the interior of the calculi. I could discover no hairs in the larger stone. The sac in which they were contained had an external fistulous opening, communicated with the urethra just in front of the prostate, and had a soft mucous lining. I examined the latter carefully, but could discover no hairs growing from it. During his convalescence, I repeatedly found short hairs in the urine which passed through the fistulous tract; whereas the urine taken from the bladder by a catheter, which I introduced several times for the purpose of this investigation, did not appear to contain any, or so few that they might have been accidentally missed. I concluded, therefore, that they had their origin in the fistulous tract. This man had been lithotomised by Mr. Okes, sen., when he was four years old; and a second time, a year afterwards, by Mr. Okes, jun. In the first instance, a cystic oxide calculus weighing four drachms, in the second, a fusible calculus weighing two scruples, had been removed. He recovered quickly each time; but was "loose-watered" after the last operation, rendering it necessary to wear an instrument for the purpose of retaining the urine. The fistula had originated in an injury to the urethra by a sprain, causing urinary abscess ten years previously; and he had several times passed calculi through it. In the case related by Mr. Paget, of Leicester ("Medico-Chirurgical Transactions," vol. xxxiii.), where a ring of lithic acid, with a fine hair in its axis, was removed through the persistent urachus, it is probable, as he surmises, that the hair was one of the pubic hairs, which had found its way through the umbilical opening.

Cambridge, 1864.

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ON THE

# TREATMENT OF SYPHILIS BY MERCURIAL VAPOUR.

BY E. W. POLLARD, ESQ., M.R.C.S., &c.

THE milder influence of mercury when endermically applied, compared to the effects of its internal use, has long been acknowledged. Its inunction, except for personal reasons, was generally preferred to its administration through the alimentary canal. To avoid the inconvenience of inunction, the late Mr. Thomas Pearson employed the red sulphuret of mercury (cinnabar) in a state of vapour, but which was found to produce irritating effects, and was consequently generally abandoned in this country. Mr. Henry Lee, a successor of Mr. Pearson at the Lock Hospital, has recently revived this mode of treatment with great success, substituting calomel for cinnabar, and adopting a simple apparatus by which the calomel is volatilized, and mixed with the vapour of water.

Sir Ranald Martin also long since insisted upon the necessity of making the skin a perspiring and absorbing organ, in order that medicine may act upon the general system when applied to it. The skin, however, in certain persons, especially when thickened by disease, will not absorb readily. Acting upon the suggestion of Mr. Henry Lee, I have lately tried, upon a somewhat extensive scale, the effect of softening the skin by producing gentle diaphoresis previous to employing the vaporized calomel. Possessing great facilities for this purpose in our establishment, we have modified and improved upon the apparatus employed by Mr. Lee—first by allowing the patient to remain for a short time in the tepidarium, when the skin, becoming moistened, is prepared for the action of the metallic vapour, which is applied in a carefully-constructed box, where the calomel is volatilized at a regulated temperature with the vapour of water, and the sublimed particles are equally diffused and deposited on the person of the patient. Inhalation not being always necessary, the head is excluded. For some months we have had daily opportunities of observing the effects of fumigation so carried on in the cases sent to us by our medical friends, and by their permission we are enabled to record the following cases. In these records our duty has been strictly limited to a faithful statement of facts; we have indulged in no speculations, leaving the profession to draw their conclusions.

"A gentleman, who had come from abroad on purpose to obtain the benefit of medical advice, had taken all the ordinary internal remedies for constitutional syphilis, but still remained a sufferer from most painful and intractable ulcerations of his legs, and at times most severe pains in his head. It was found by him that the use of the calomel bath in the ordinary manner produced very little effect. Mr. Henry Lee therefore recommended him to have a certain amount of diaphoresis in-

duced previous to taking the calomel bath. He commenced with one three times a week (half a drachm of calomel). He speedily found relief from his pains, and the ulceration rapidly healed up. He then went into Scotland for two or three months. Upon his return he came to the baths, and stated that he continued well, and has now gone abroad."

"*Inveterate psoriasis.*—Mr. A——, a young man in the army, had been afflicted with a most inveterate form of psoriasis for nearly nine years. The eruption extended over the whole body and extremities. The scales were so thick as to make motion of the arms difficult, and he was unable to perform his duties in the service. He has been under every kind of treatment; has taken large quantities of arsenic, iodide of potassium, &c., but only experienced slight temporary relief from the remedies. His gums were spongy, with great fetor of the breath. There were doubts whether the affection had a syphilitic origin.

"Previous to his coming to London in March last he had taken several calomel baths with the ordinary apparatus, with some improvement. Mr. H. Lee ordered this patient to take the calomel baths (half a drachm), to be preceded always by a moderate amount of perspiration in the hot room (temperature 120°). In one week after the commencement he was greatly improved; and he was ordered to continue them daily. In three weeks he was free from all scales, the skin was quite smooth, and only a slight discoloration remained. He continued to take the bath for some time, and has had no return of the complaint. His general health has greatly improved, and he considers himself effectually cured."

"Mr. D——, a medical practitioner, had primary symptoms thirteen years ago, which readily yielded to inunction. Sore-throat and eruptions followed, which were relieved by the iodide of potassium, in combination with tonics. Subsequently the tongue became tuberculous, fissured, and ulcerated, rendering the taking of food painful. The ulcerations healed after long-continued treatment with the iodide, but the tubercles and indurated fissures remained. If the iodide were omitted for any length of time, the ulcerations were certain to return; so that he was always obliged to be more or less under the influence of the remedy, of which he must have taken many pounds. Mr. Henry Lee advised the calomel bath, with the previous perspiration. The tubercles began to subside after the third bath, and at the end of three weeks very little remained of the tubercles. The bath was taken very irregularly. He had then a slight return of the ulcerations, which yielded immediately on the resumption of the bath. For some time past he has had no return of this troublesome disease, and has not taken any of the iodide."

"Mr. H—— had a primary sore four months ago, which was followed by sore-throat and eruptions. He was treated in Paris with the proto-iodide of mercury, but not being satisfied, he came to London. The eruption is over the body and face, with some sore-throat. Dr. Cahill and Mr. H. Lee recommended a calomel bath (half a drachm of the mineral) daily. At the end of three weeks the eruption was entirely removed."

"Mr. S—— had a chancre on the penis, accompanied with syphilitic bubo, which suppurated. There was a dark copper-coloured eruption over the whole body, which had existed for several months, and first appeared after a previous syphilitic affection. This patient was in a weak and debilitated state. His health improved under a short course of tonics, and he was then ordered to take the calomel bath. The chancre disappeared after six baths, the bubo healed up, and the eruption was entirely removed. At the present time he has not a trace of disease upon him, and has not, in fact, been in such good health for a very long period. This patient had also been very deaf since his first syphilitic attack; he has quite recovered his hearing."

"Mrs. S——. This patient was contaminated by the previous one. No primary sore could be detected. Has syphilitic bubo, sore-throat, and eruptions over the whole body. She took the calomel baths for three weeks, at which period all the symptoms had disappeared, and she remains quite well."

"W. H——, a soldier, had a large sloughing chancre. The vapour of calomel was applied directly to the surface of the chancre. After three applications the ulceration stopped, and the surface assumed a healthy appearance. He was only able to take twelve baths, being under orders to embark on foreign service. The chancre was healed up, and all induration had disappeared."

Dr. Cahill has kindly sent us particulars of some of the cases treated by the hot air in combination with the calomel bath.

"*Secondary syphilitic sore-throat.*—Mr. D—— had been subject to several attacks of severe dyspnœa. On examination of the throat I found traces of previous disease, for which he had taken iodide of potassium. Ordered a quarter of a grain of bichloride of mercury and two minims of tincture of opium twice a day, under which treatment he was much benefited; but still the disease constantly recurred, yielding to the same remedies. I then requested him to take the calomel baths, and to have slight diaphoresis produced previously by remaining in the hot room for ten minutes. Mr. D—— continued the baths regularly three times a week for three weeks, at the end of which period he became entirely free from his complaint, and has had no return."

"*Secondary sore-throat, with rash.*—Mr. C——. On being called to this patient, I found him suffering from gonorrhœa, with severe orchitis, which yielded to the ordinary treatment. On the phimosis being subdued a sore was found on the glans, beside the frenum. Not having all the characteristics of an ordinary chancre, which, however, healed on the application of the red precipitate, still leaving a thickened, warty base, I ordered him quinine and steel for some time. At the end of a few weeks he returned to me with a severe sore and copper-coloured eruptions. I then put him under the proto-iodide of mercury, and inunction of half a drachm of mercurial ointment every night. The disease was checked, but did not make much progress towards recovery. I then recommended him to commence the mercurial fumigations and the hot-air bath. After taking twelve baths all the symptoms disappeared, and he has continued well now for several months."

"*Secondary sore-throat; rash followed by deafness.*—Mr. E—— contracted gonorrhœa in 1862. Subsequently an excoriation (or chancre) was discovered, followed by pain in his limbs and sore-throat. He was sent to Brighton for bathing, from which place he returned quite deaf. He first came under my care at the latter period. I found induration where the sore had been. This, with the length of time that had elapsed since his first being taken, confirmed me in the supposition of the syphilitic taint. Other symptoms developed themselves, which corroborated the opinion I had formed. All the symptoms were relieved by appropriate treatment except the deafness, which remained till I ordered him to take the mercurial vapour baths, which speedily re-established his hearing."

"*Deafness following secondary symptoms.*—Mr. A——, a young gentleman, had syphilis in 1862. The primary sores were treated with the exhibition of mercury. The secondary sore throat was treated by me by the use of the iodide of potassium; and subsequently another medical practitioner put him under the bichloride of mercury. All the symptoms were removed except deafness, for which everything was tried—iodide of potassium, blisters, &c, but in vain, so that he was necessitated to resign his commission. On his return to London, at the beginning of this year, he tried by my advice the mercurial vapour-baths, from which he derived the greatest benefit. He can now hear distinctly the notes of the piano, whereas before he could only hear a confused drumming noise."

"*Tertiary sore tongue and mouth; sores on the head.*—Mr. B—— had primary syphilis in 1861, for which he was treated in France; subsequently, sore-throat, rash, and nocturnal pains. He has taken mercury, iodide of potassium, and the waters of Aix-la-Chapelle. At the time he came under my care he was in a miserable condition from his mouth, tongue, and cheeks, which had whitish sore places all over them, and were very painful upon taking food. The sores were partially relieved by the application of the sulphate of copper. The mercurial vapour baths produced a most salutary result, and he has had no return of his complaint, though several months have passed away."

"*Early secondary rash and sore-throat.*—Mr. H—— had syphilis in November, 1863, followed by rash and sore-throat. He had been treated by mercury and iodide of potassium previously to my seeing him. A dozen of mercurial vapour baths completely removed all his symptoms, and he has continued well up to the present time."

I might multiply cases in which cures have been effected by the mercurial bath, but enough have been cited to direct further attention to the subject.

Brompton Hot-air Baths, Alfred-place, July, 1864.

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THE WOUNDED FROM NEW ZEALAND.—One hundred and ten invalids from New Zealand have arrived at Netley by the merchantman *Light Brigade*. Among them are twenty-four men who were wounded in the action at Rangiriri. Six of them have had the operation of excision of the head of the humerus performed for gunshot wounds with favourable results, and four have suffered amputations, two of the amputations being in the middle of the thigh. The operations reflect great credit on the surgeons in the field who performed them.

## NOTES ON THREE PERSONS STRUCK BY LIGHTNING.

ONE DEATH; TWO RECOVERIES.

BY DANIEL MACKINTOSH, M.D.

ON the evening of Friday, the 20th May last, I was summoned to go with all speed, as the messenger would have it, "to see a number of persons who were all killed, or nearly so, by a stroke of lightning." On my way to the place of accident I could already see a crowd of people near to a huge stack of straw, to which latter my attention was attracted by the fact that it was enveloped in flames. One person after another told me that a man and two boys had resorted thitherwards for shelter; that the three were struck by the electric fluid; that the same flash which struck them set the stack on fire; and that a labouring man, who also was running for shelter to the same resort, seeing the stack on fire, and finding that it ignited from the very spot where his fated fellow-labourers were in shelter, naturally enough hastened to their rescue, and succeeded in removing them to a proper distance from the devouring element. Here I found my patients, about twenty minutes after the occurrence, to make my own deductions and conclusions.

CASE 1.—Edward W——, aged ten, was now able to walk about, although he had twenty minutes previously to be carried from the source of danger. On questioning this little boy as to what he had seen and felt, he told me that he saw the stack take fire, and that he immediately said to his father, who sat beside him—"Father, let us run; the stack is on fire." But his father not answering him, he tried to move away himself, but found he could not, and he then cried out for help. (This statement was corroborated by the man who carried him away.) On asking him why he could not run away, seeing that he was able to speak, his reply was, "I felt so dizzy all over, and my legs would not carry me." He pointed to the lower part of the abdomen, and said, "It is here it hurts me." On undoing his clothes, a peculiar sulphuro-singed odour was perceptible, and I could at once see several irregular but distinct red streaks, of about a finger's breadth, running obliquely downwards and inwards on either side of the chest to the middle line in front of the abdomen, whence, being met, they descended over the linea alba, penis, and scrotum, and were lost on the perineum; penis and scrotum being of a brighter tinge of red than the course of streaks throughout, owing, no doubt, to the higher degree of vascularity of those parts. Neither hair nor clothes were singed; metallic buttons presented no appearance of fusion. He rapidly recovered, and is now attending to his usual calling. The red streaks gradually disappeared, and could hardly be traced four days after the injury.

CASE 2.—Jeremiah W——, aged eleven, lay prostrate and unconscious, with an expression of grim terror and suffering; frothed at the mouth, and moaned piteously; flung his legs and arms about in all directions, and the by-standers expected every moment to be his last. The respiration was deep, slow, and laborious; heart palpitating; pulse weak, and very irregular; pupils dilated and insensible. Several red streaks converged from the neck and shoulders to the middle of the sternum, and passed down, as in the former case, over the linea alba, and were lost on the pubes. From a point over the tuber ischii on either hip, narrow streaks emanated, which passed for a few inches, like rays from a centre, in different directions, and then were lost; the resemblance as to the course these stellated rays followed, or to the figure which they formed on either hip, being so remarkably striking, that an impression of strict obedience to prevailing law could not help forcing itself on the mind of the observer. In connexion with this fact it may be stated that the patient was in the sitting posture when struck. The hair on the back of the head and neck was singed, and the peculiar singed odour above alluded to was emitted from all parts; metallic buttons showed no trace of fusion; clothes were neither burnt nor torn. Stimulants, cold to the head, blistering at the nape of the neck, mustard poultices to feet, and cathartic medicines, formed the staple part of the treatment. He rapidly recovered, became conscious in five hours, is now at work, and suffers from no symptom of nervous disorder. The red streaks gradually faded away, leaving behind them, where the skin was more deeply burnt, streaks of a scaly, glistening, white appearance, which in their turn also gradually vanished, leaving behind no trace of their existence.

CASE 3.—Thomas W——, aged forty-six, (father of the boy Edward W——,) was struck dead on the spot; he was not observed to have moved hand or foot. He, like the other two, was in the sitting posture when struck. The expression of countenance was remarkably placid; the pupils were widely dilated. The electric fluid entered at the junction of the occipital with the parietal bones, inflicting a large lacerated wound on the scalp, but not fracturing the bones of the skull. It then seemingly divided into two currents, which passed respectively downwards between soft parts and the cranium on either side of the head. That on the left side passed downwards anteriorly to the left ear, and terminated on the side of the neck, rupturing bloodvessels and soft parts, which gave rise to swelling and extravasation of blood that closely resembled, and might easily have been mistaken for, an extensive bruise produced by mechanical violence. The right-side current passed directly downwards to the supra-clavicular region, leaving the ear and soft parts on its way livid and swollen, and terminated, in that region, in a dark-blue, mangled-looking patch of skin, in which there were several free communications with the surface. The hair on the back of the head was slightly singed, that in front of the chest was singed quite close to the skin. The hair which covered the wound at the vertex of the skull was uninjured. Metallic buttons, as in the former cases, presented no appearance of fusion, and the clothes were neither torn nor burnt; but in connexion with this it is perhaps right to state that they were drenched with rain. The hat was burnt in the straw-stack, and consequently escaped examination. The left side pocket of his trousers contained several lucifer-matches and a tin tobacco-box, apparently untouched. The right side-pocket contained a knife, which acquired, and still retains, strong magnetic polarity. The body was carried to a warm room. Strong cadaveric rigidity came on in fourteen hours after death. Post-mortem examination not allowed.

These cases are important, inasmuch as they tend to cast rays of light, however feeble and glimmering, on a subject as yet but imperfectly known to the scientific world, and in affording proof positive of the fact that parties betaking themselves, during a thunderstorm, to such supposed places of protection are actually throwing themselves in the way of danger. And, again, they are interesting inasmuch as they serve to bring afresh to our recollection the various effects and degrees of intensity with which this subtle agent may play its passage through the animal frame. The reader will observe the strong tendency the electric current had, in these particular cases, to unite and then run along the centre of the body, and will also notice that the general characters of tearing and burning of clothes and fusion of metallic substances about the person were not met with.

I would only add, in conclusion, that in Case 1 a state of consciousness, reason, and judgment exists, together with temporary suspension of the powers of voluntary motion. In Case 2 the shock given to the economy all but overwhelms the powers of life: the brain and its functions are quiescent; volition and sensation are equally lost; the lungs but sluggishly obey the call made upon them; the heart, as if last to stop, continues to battle for life, and by its continued though irregular action the dormant system is enabled to resume its functions. Had the shock been a shade more intense, the overpowered *whole* would have succumbed under it; vital action must, as in Case 3, have been at once and completely arrested.

Littleport, Cambs, June, 1864.

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AUSTRALIAN MEDICAL NEWS.—The appointment of Curator to the Australian Museum, which has been vacant since the decease of Mr. Simon Rood Pittard, M.R.C.S. Eng., had, when the last mail left Sydney, been given to Mr. Gerard Krefft, who for some years past has discharged the practical duties of the office. It is well known that to Mr. Krefft's exertions is principally owing the splendid collection of reptiles, living and preserved, at the Museum.—Dr. Henry O. G. Smeathman, a native of England, who practised for some time in California, and was one of the correspondents of the *San Francisco Bulletin*, had, when the mail left, just been murdered by the Indians, in an exploring expedition he was making with Messrs. Thompson and White. It is added that the party had only one revolver between them. The Doctor always laboured under the erroneous impression that in case of trouble with Indians he could do more by Masonic signs and moral persuasion than with bullets. He fell like a brave man covering the successful retreat of his more fortunate companions.

# A Mirror
## OF THE PRACTICE OF
# MEDICINE AND SURGERY
## IN THE
# HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## ST. MARY'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

### CASE OF EXTREME SQUINT CURED, WITHOUT OPERATION, BY THE USE OF PRISMS; WITH CLINICAL REMARKS.

(Under the care of Mr. ERNEST HART.)

THE following case is one of interest, as belonging to a class of instances of squint in which, by a careful distinction of causes, the deformity may be treated upon a scientific basis, and radically cured by a simple adaptation of optical means without any operation. Mr. Hart observed in reference to it, that a careful study of the origin and nature of various forms of squint shows that the treatment must, to do justice to the patient, be almost as much optical as purely surgical; and there is a large proportion of cases in which merely optical means succeed perfectly, either in averting the formation of a permanent squint, in curing it when the proper glass is applied early, or in preventing relapse after operation.

J. C——, aged twenty-seven, a sailor, of good general health, and had always possessed excellent sight. In May, 1863, he had a severe attack of rheumatic fever; various joints were attacked in succession, and he lay for nearly two months helpless in bed. Towards the end of the attack the eyes became affected: the light became painful to them; the eyeballs he describes as having become blood red, and acutely painful, the pain being severe over the brow, and darting through the head from the frontal region. The face was blistered by the abundant and acrid lachrymation. Thus there seems to have been an acute rheumatic ophthalmitis. He recovered well, and is not aware that there were any immediate traces left of the disease. He went a voyage to the Cape and came home in satisfactory health; but in the subsequent voyage in Dec., 1863, he became aware of a certain dimness and confusion in looking at objects, a difficulty in measuring distances, and in defining the outlines of things and persons before him. This came on, he thinks, quite suddenly; and in the course of the day he found that he had a decided convergent squint of the right eye, and that he had lost control over the movements of that eye. He consulted Mr. Hart in the middle of January last.

Mr. Hart found then a convergent squint, monolateral, of the right eye, permanent, and due to paralysis of the external rectus. The visual powers of the two eyes, tested separately, were very nearly equal. There was no dilatation or semi-dilatation of the right pupil; no drooping of the lid. The latitude of accommodation was equal to that of the left eye. The patient suffered greatly by the constant confusion arising from the double set of images which the incongruous eyes received. He was frequently unable to distinguish between the true image and its ghost, and, besides the giddiness and confusion thus occasioned, felt himself in danger in walking the streets.

Mr. Hart called the attention of the class especially to the case as one in which, from the positive and negative data above mentioned, the cause of the squint might be accurately determined. He referred it to insufficiency (paresis) of the right external rectus. The normal action of the other muscles of the eye and eyelid and of the iris excluded cerebral causes; while the absence of far-sightedness or short-sightedness in any marked degree, and the healthy appearance of the internal fundus of the eye revealed by the ophthalmoscope, excluded dioptric or retinal disorder from the etiology of the case. The cause being thus determined, it remained to decide on the remedy. Mr. Hart pointed out that in this case the cause of the double images which occasioned so much distress was that incongruous portions of the two retinæ were, by virtue of the displacement of the axis of the strabismic eye, impressed with the respective images of each object seen. This might be remedied, then, by the use of a prismatically ground spectacle-glass, with the base turned in the direction opposite to that of the squint; for such a glass has the power of causing a deviation of rays of light incident on its base, which may thus be used to deflect the rays proceeding from objects looked at, so that they may, in the case of the squinting eye, be made to fall upon a part of the retina congruous to that which receives them in the normal eye, and thus binocular vision be restored. In fact, a prism may be used thus to fuse and destroy double images, just as, conversely, with healthy eyes, it is sometimes used in sport to produce them. Taking a series of prismatic glasses ground to scale, Mr. Hart then essayed them with this patient before the class. A glass ground to an angle of twelve degrees placed before the deviating eye so altered the direction of the images which it received as to fuse the double images into one. This, however, would only have removed the visual inconvenience without curing the squint. By now selecting a glass of ten degrees the images could be nearly fused, but not quite; and then the horror of double images, which is instinctive, caused an involuntary effort of the semi-paralytic and enfeebled rectus externus, which just succeeded in drawing the eye so far further outward as to compensate for the diminished angle of the prism and fuse the double image. This, then, was the glass selected for the patient to wear; for by the aid of this glass the enfeebled muscle was, as it were, gymnastically exercised and strengthened. The fusion of images was not effected without an effort somewhat painful, and which could not long be sustained. Mr. Hart therefore directed the patient to employ the glass at intervals only during the day, gradually lengthening the period of exercise. In the course of seven days he had made considerable progress, could wear the glasses much longer at a time, and fuse the images more thoroughly and with less effort. He was then very anxious to rejoin his ship. Mr. Hart therefore furnished him with glasses of eight, six, and four degrees respectively, so that as the muscle became stronger a correspondingly greater effort might be required of it; the glasses fulfilling a true gymnastic as well as optical function, and acting just as dumb-bells of graduated weight, with appropriate exercise, may be made to act, in dealing with enfeebled muscles in other parts of the body. The patient was desired to communicate the result, or to show himself on his return. Recently the man presented himself quite cured. This cure was effected in the course of eight weeks. And in June he wrote to say that his eyes are now as good as ever, that the movements of the two are synchronous, and vision normal.

In another patient, now under treatment, in whom the squint was also monolateral and permanent, and on whom this method of treatment will be employed, the paresis of the abducens has followed on extreme debility after menorrhagia and lactation. Mr. Hart observed that it was essential to the good repute of this method of treatment that it should be employed with discrimination, and as the result of a careful diagnosis. It would be useless to attempt to cure by this means an alternating concomitant squint with hypermetropia, or a strabismus from active organic cerebral disease. But in every case of squint, the divergence of the eye must be regarded as a symptom, to be treated differently according to the nature of the various causes from which it arises. Sometimes a squint was the first indication of insidious meningitis in a child, of which he cited a remarkable case that he had lately seen in conjunction with Mr. Paul Jackson: then the ophthalmoscopic indications are of the highest value for the purposes of general treatment, and the squint must be disregarded. Very frequently a slight squint or confused image, due to insufficiency of the synergic action of the ocular muscles, was the first symptom of an impending acute or chronic cerebral disorder, and the ophthalmic surgeon had to yield place to the physician. In either of such cases to operate would be useless cruelty. Another set of cases were those of which the above-quoted is a fair type. Then came the large class, so admirably investigated by Donders and Von Graefe, in which squint is due to hypermetropia of the eye leading to excessive contraction of the internal rectus: in such cases, the degree of squint being measured, the division of the tendon, carefully adjusted, was followed by the best results. But to make strabotomy yield the almost uniformly successful results which might now be obtained from it, it was necessary to exclude all the cases which might be cured by other means, and also those which were incurable by any means. The application of a prismatic spectacle glass in the class of cases above defined was most successful, if carefully carried out and used for fit cases.

## ST. GEORGE'S HOSPITAL.

### PHTHISIS, PNEUMOTHORAX, BRONCHITIS, AND DEATH.

(Under the care of Dr. FULLER.)

D. H——, an omnibus driver, of sober habits, was admitted January 7th, 1864. He had been under treatment many years for dyspnœa and cough, and had had two attacks of hæmoptysis (the last two months before admission). He was spare and wasted, with light hair and flattened chest, which moved but little during respiration. The left infra-clavicular region was much sunken. It appeared that, amongst other expedients for the relief of what from its most prominent symptom he had regarded as asthma, he had submitted to a course of sponging the larynx without any laryngeal symptoms to justify the treatment.

On admission, dyspnœa was excessive, and prevented his lying down for an instant. At the back of the chest sibilant and other bronchial sounds were heard on both sides, and over both high resonance was obtained. A deficiency of respiration was noted at the lower part of the left chest. The heart's sound, imperfectly heard owing to the loudness of the bronchial râles, appeared to be natural. There was an absence of resonance under both clavicles. The sputa were yellow, thick, and abundant. He was ordered to smoke stramonium (which he never did), and a mixture prescribed of twenty-five minims of tincture of lobelia, with half a drachm of sulphuric ether and a quarter of a grain of stramonium in senega decoction, every six hours; diet, two pints of beef-tea.

His breathing was somewhat better the following day, though he was quite unable to assume the horizontal posture.

On Jan. 11th, when dyspnœa was again very urgent, and the patient quite blue, large, moist, gurgling sounds were heard under both clavicles; percussion sound was duller under the left, though the sounds in that situation were like those of mere bronchitis; posteriorly the left side was thought to be the duller, and the large râles of bronchitis, audible elsewhere, were here deficient. The pulse continued frequent, but of good strength. In addition to the first medicine, brandy had been ordered on the 8th, and on the 11th tincture of squills was substituted for lobelia; an emetic also was given. Dyspnœa was little relieved by these means.

All distress disappeared shortly before death, which occurred on the 15th of January, when he appeared to be asleep. The presence of air in the pleura, it is needless to add, was not recognised during life.

*Autopsy, twenty hours after death.*—There was a small vomica, apparently of old standing, at the apex of the right lung. In various parts of the same organ were small old deposits of tubercle. An immense vomica occupied the apex of the left lung. The whole organ was collapsed, so that it was scarcely to be found at the back of the pleural cavity, which contained nothing but air. The bronchial tubes were congested. All the other viscera were normal.

## LONDON HOSPITAL.

### PENETRATING WOUND OF THE ABDOMEN; RECOVERY.

(Under the care of Mr. CURLING.)

FOR the following notes we are indebted to Mr. Heckford, house-surgeon.

On April 23rd a robust young sailor was admitted with a stab wound situated on the left side, just below the false ribs, which was two inches in length and penetrated the abdominal cavity. A piece of omentum three inches long protruded. Apparently no vessel of any consequence was wounded. Soon after admission he vomited, but this was doubtless the effect of drinking. The shock occasioned was comparatively slight.

The omentum having been returned, he was placed on the wounded side so as to permit the free escape of blood. Two hours after, when all oozing had ceased, the edges of the wound were brought into apposition by sutures. He was kept fully under the influence of opium for three days, and for thirty-six hours no food was given him, a little ice to suck being all that was allowed. His diet was by degrees increased: at first iced milk only, then eggs &c., but no meat until the seventh day.

No peritonitis resulted, but the wound suppurated, and for some time a considerable induration of the tissues around it remained. The bowels were relieved on the fourth day without aperients. He left the hospital in three weeks, quite well.

### TRACHEOTOMY ON A CHILD THIRTEEN DAYS OLD FOR LARYNGEAL SPASM.

This case was brought before one of the meetings of the London Hospital Clinical Society by Mr. Heckford.

For the first week of its life the child appeared to do well, but after that time a difficulty in breathing commenced, and gradually increased in severity. On the thirteenth day the dyspnœa was most urgent, respiration being accompanied by a crowing noise, and accomplished by the calling into action of every available muscle. Auscultation and percussion proved that the lungs were free from disease, and that therefore the obstruction was present in the larynx or trachea, or both. Emetics and calomel had been used, but without benefit. No intermission of symptoms had been noticed from first to last, nor any sudden paroxysms.

It being now evident that death would soon take place, tracheotomy was performed and a tube inserted. At the moment of opening the trachea suffocation seemed imminent from the entry of a little blood, but the child soon rallied after the use of artificial respiration and stimulants. The relief afforded was most marked: the child's breathing became quite easy, it was enabled to take nourishment, and soon fell asleep. However, at the end of twenty-four hours the symptoms again became unfavourable, and the little patient died exhausted in thirty-three hours, but no marked dyspnœa returned.

At the post-mortem examination, the larynx and trachea presented no abnormal appearance, and, with the exception of slight emphysema, the lungs were perfectly healthy. The thymus gland and the glands of the neck were not enlarged. The cellular tissue of the posterior mediastinum was extensively distended with air, which had been drawn in between the sides of the trachea and the lips of the wound. This probably accelerated death.

The case was supposed to be one of reflex laryngeal spasm arising from some eccentric irritation—possibly (hereditary syphilitic) ulceration of the mucous membrane of the nose, as the child had snuffles on one side, and the father had had a chancre a year or so before its birth.

## GREAT NORTHERN HOSPITAL.

### REMOVAL OF A SCIRRHOUS AXILLARY GLAND FROM A WOMAN ON WHOM AN OPERATION FOR MALIGNANT DISEASE OF THE BREAST HAD BEEN PERFORMED MORE THAN SIX YEARS AGO.

(Under the care of Mr. ALLINGHAM.)

A FEMALE aged fifty-seven was admitted into the hospital suffering from an enlarged and very hard gland in the right axilla. The history of the case was that between six and seven years ago she had what was said to be a "stony cancer" of the right breast removed by Mr. Luke at the London Hospital.

On examination, it was found that nearly the whole of the upper segment of the breast had been excised; the scar was quite sound and painless; the remaining portion of breast, including the nipple, was soft, and perfectly free from any appearance of disease. The patient had a tolerably healthy aspect, and there was no history of cancer in her family. She first observed the enlarged axillary gland about three months since; it had grown lately, was painful, and prevented her doing her work. Mr. Allingham removed it on June 29th, and on examination there could be no doubt as to the scirrhous nature of the gland. The wound healed rapidly, and the patient left the hospital on the 11th of July, quite well.

In making some clinical remarks, Mr. Allingham observed that this was a case of some interest, considering the time that had elapsed since the removal of the growth, without the appearance of any return in the wound; and further, that the whole of the breast had not been excised, but only that portion containing the tumour. He said that, although this was a successful case, his own opinion was most decidedly in favour of removing the whole breast in any suspicious tumour of that gland. He thought there was very little to be said in favour of retaining a portion of it. Glandular structure was the most prone to cancer, and of all glands the breast was most frequently attacked; and, in addition to this, it was impossible to be certain, without getting rid of the whole gland, that you had removed even the local disease. Mr. Allingham thought, as in this patient there was only one gland enlarged, and the constitutional predisposition was clearly not very strong, that the prognosis might be favourable.

# Medical Societies.

## OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 1ST, 1864.

DR. OLDHAM, PRESIDENT.

THE following gentlemen were elected Fellows of the Society:—Dr. Waller Balls; Dr. A. Wahltuch, Manchester; and Dr. W. B. Woodman, London Hospital.

Dr. HALL DAVIS showed a Craniotomy Forceps, whose blade fenestrated, of the form of a very elongated horse-shoe. It was composed of two parts, male and female; the former serrated deeply, the serrations pointing backwards, and fitting into the depression in the female part. The lock like Naëgelé's, and the handles fastening by a spring and rack at their extremities. This instrument he had tested practically, and found it answered admirably.

Dr. MEADOWS exhibited a Bandage, which he recommended in place of the jack-towel usually applied after labour. It was made of stout calico, shaped to the abdomen and hips, having one bone for extra support in front. When adjusted, it could be fastened firmly either by bracket or laced like a corset. The advantages being, facility of application, combined with comfort and greater efficiency.

Drs. Routh, Oldham, Rogers, Grailly Hewitt, and Meadows discussed some points connected with bandaging after labour.

### ON IMMEDIATE TRANSFUSION.

BY DR. AVELING, SHEFFIELD.

The author stated that transfusion had been performed now for two hundred years, and that for the first hundred and sixty years of that time the immediate method had been solely employed. He described the numerous forms of immediate apparatus hitherto used, and pointed out their faults and advantages. He also exhibited an instrument of his own, which consists of two small silver tubes to enter the recipient and emittent vessels, and of an india-rubber tube to connect them. This has in its centre a small elastic receptacle holding about two drachms, by compressing and relaxing which the blood is made to circulate through the tube, and the quantity passing is measured. He believed that there was less chance of coagulation by the immediate method, and that it had advantages over the mediate mode. The blood was not exposed to the air; the operation was uninterrupted and the closest imitation of nature.

Dr. CLEVELAND thought there would be danger of introducing air in the apparatus shown by Dr. Aveling, which was not transparent.

Dr. GRAILY HEWITT said the subject brought before the Society by Dr. Aveling was one of great importance, and one moreover in which he was individually much interested. In the course of last year he (Dr. Grailly Hewitt) had brought the subject of transfusion before the profession in a paper read at the annual meeting of the British Medical Association held at Bristol, and he had exhibited at that meeting the apparatus for the performance of transfusion which he now begged to lay before the Obstetrical Society. He would remark that the great desideratum in an apparatus for transfusion adapted for use in obstetric emergencies was a simple, certain, and ready means of conveying the blood. The instrument which he had contrived fulfilled, he believed, these indications; and he had had an opportunity of using this instrument only a short time since in the case of a poor woman dying from loss of blood connected with placenta prævia. The instrument acted admirably, and by its means he was enabled to transfuse two successive portions of blood. The operation was unfortunately delayed, as it proved, a little too long, and the patient failed to derive benefit from the operation; but the experience afforded by the case was such as to justify him in expecting the best possible results from its use in similar emergencies. The apparatus devised by Dr. Aveling, which in principle, he believed, resembled one that had been recommended by Dr. Richardson, was, he considered, objectionable for a variety of reasons. The want of transparency prevented the observer ascertaining what was going on in the tube; it was not easy to connect, off-hand, the tube with the vein of the individual supplying the blood; and, further, it would be found very objectionable to bring the individual supplying the blood into close proximity with the individual dying from loss of blood. The person supplying the blood was often, in obstetric practice, the husband of the patient; and, unless under very exceptional circumstances, the nerve and fortitude of the individual in question would be likely so to break down as to interfere with the carrying on of the operation. For these reasons, therefore, he believed that, however ingeniously contrived, the "immediate" method could not become a practical operation. The instrument he (Dr. Graily Hewitt) had employed—constructed for him by Messrs. Whicker and Blaise—was a two-ounce glass cylinder, fitted at one end with a piston and rod, and at the other adapted to the tube entering the vein of the patient. The blood was received into the syringe itself, the piston being removed for this purpose, and the blood was then injected. The peculiarity of the instrument was that the blood was received directly into the syringe, without the necessity for a funnel or other apparatus; and the exposure of the blood to the air and to foreign objects—which hastened coagulation—was thus reduced to a minimum. The operation of transfusion required forethought and arrangement, and accurate appreciation of the difficulties surrounding its performance. These difficulties he had endeavoured to point out and to obviate, in the paper to which he had already alluded.

Dr. EASTLAKE was able to confirm Dr. Graily Hewitt's statement as to the applicability and value of this instrument, having assisted Dr. Hewitt at the operation in question. It would have been impossible in this case to have brought the husband, who supplied the blood, to the bed-side. His nervousness and agitation under such circumstances would probably have prevented the performance of the operation.

Dr. BRAXTON HICKS hoped he should be able some day to bring before the Society a plan which he had employed with success in the lower animals, and also in a case of hæmorrhage in a lady. The principle of its action was to prevent fibrillation, thereby doing away with the greatest difficulty attending the operation.

Dr. AVELING, in reply, would remind the Society that the operation of transfusion had been successfully performed by the simplest means—such as quills; and he differed from Dr. Graily Hewitt in his estimate of the difficulties of the operation.

Dr. GREENHALGH read a paper on Placenta Prævia, the discussion upon which was adjourned till next meeting.

An abstract of this paper will appear in the report of the next meeting.

# Reviews and Notices of Books.

*Stimulants and Narcotics, their Mutual Relations; with Special Researches on the Action of Alcohol, Ether, and Chloroform on the Vital Organism.* By FRANCIS E. ANSTIE, M.D., M.R.C.P., Assist.-Physician to the Westminster Hospital, and Lecturer on Materia Medica and Therapeutics to the School. pp. 489. London: Macmillan and Co.

IT is the author's misfortune, but by no means his fault, that the title of this work gives but a very imperfect idea of the nature of its contents. The publication of the excellent Table of Contents at its commencement would be the only means of fairly representing the philosophical plan upon which the book is arranged, and the large amount of research of which it is the result. It is quite impossible for us, in the limits at our disposal, to do more than give a faint outline of the nature of his inquiry, and the mode in which it is conducted. This is the less to be regretted, as, from the great importance of the subject of which it treats, the book is certain to be read, and read with the greatest interest, by everyone anxious for information which has a thoroughly practical bearing upon the treatment of disease.

The elements of the problem which Dr. Anstie seeks to solve are simply these. There are two classes of physiological agents, respectively known as stimulants and narcotics; and there is also an intermediate class known as narcotic-stimulants. All three classes act upon the nervous system: the stimulants having the power of exciting its action, the sedatives of depressing the same, and the narcotic-stimulants of producing both kinds of effects. The author's aim, in general terms, is to discover what effects may fairly be included under the term

"stimulation," and those which may not be so included: "The remaining phenomena would then fairly settle down into their places, and the substances which produce them might be ranked either in one or two pretty well defined groups."

The first three chapters are headed respectively, "The Doctrine of Stimulus—History;" "Criticism of the Doctrine of Stimulus," and "Suggestions for the Reconstruction of the Doctrine of Stimulus." We are too apt, when using a term like "stimulus" for example, to accept it without consideration, and to conclude, from its common use, that it is thoroughly defined and perfectly appreciated. Nothing can be further from the truth. Even at the present day scarcely two writers upon therapeutics will be found to agree in their notions of the meaning of the expression, whilst if we trace its descent from the earliest ages, as Dr. Anstie does for us in his first chapter, we find the germs of the prevailing ideas upon the subject in theories of vital action which can scarcely be perused without a smile. He shows, and we think with justice, that the ancient notion of a kind of *mortal soul* possessed of passions and appetites, and reigning over the functions of the body, is answerable for much of our present obscurity upon this point. Even John Hunter seems to be somewhat influenced by this idea, for he speaks repeatedly of "the living principle" and "the sensitive principle," ascribing to each a sort of intelligence and power of choice. In his view of the action of stimuli and irritants he makes these agents really appeal, not to the tissues themselves, but to the half-incorporeal principle or principles which reside in them. The *vis medicatrix naturæ*, which is not uncommonly brought in as a sort of *deus ex machinâ* to get us out of difficulties of explanation, is certainly endowed by us with something more than simple force. A sort of *cognizance* of injury to be repaired, as well as the *power* of repairing it, is generally understood. The nervous system is still often spoken of as "taking the alarm" and acting in consequence. There can be no doubt, indeed, if the subject be fairly considered, that a notion is widely prevalent of the existence in the human body of a principle which is neither life nor the immortal soul, but something superadded to these. There is as little doubt that a very common idea of the action of a stimulant is founded upon its supposed power of *spurring on* this principle to increased exertion. It is almost unnecessary to say that there is no proof of the existence of such a principle; and not the least interesting part of Dr. Anstie's researches is designed to show that there is no occasion to seek in that quarter for explanations of phenomena which can be otherwise accounted for. In furtherance of this object, the effects upon the organism which are ordinarily assumed to furnish decided proof of the antecedent operation of a stimulus are considered, and the justice of the assumption examined. As regards what are termed cerebral stimulants, the author finds that the rapidly increased manifestation of mental activity which is supposed to result from their use is more apparent than real. It is the emotional and appetitive part of the mind which is in action, whilst the intellect is decidedly enfeebled. The author is led to conclude that the violent outbreak of passions, under these circumstances, is due to the removal of the check ordinarily imposed by reason and will. The proper balance of the cerebral functions is destroyed, not by the exaltation of activity in one class, but by an influence of a paralysing kind upon another. Pain is commonly supposed to indicate exalted function of sensory nerves produced by the operation of a stimulus. But it is shown that in neuralgia, for example, a lowered instead of increased vitality is the antecedent cause, and that remedies of a stimulant character form the most useful treatment. Irregular or convulsive muscular movements also cannot be referred to the influence of a stimulus. This is a point which has been fully discussed by Dr. Radcliffe in the pages of this journal, and Dr. Anstie's observations tend to confirm the truth of these views. The assumption that increased secretion implies stimulation has been completely disproved by the researches of Bernard and Brown-Séquard on the effects of section of the sympathetic. Increased rapidity of the heart's action, when excessive, always implies debility, and never the antecedent influence of a stimulus upon the organism.

Having reviewed the history and criticized the common acceptation of the doctrine of stimulus, Dr. Anstie proceeds, in the third chapter, to give suggestions for its reconstruction on what he conceives to be a surer basis. He properly remarks, to begin with, that our first step in any attempt to explain the office of material stimuli must be to determine to *what* it is these physiological agents are applied: whether, in a word, we are to imagine them as influencing something material or immaterial. Assisted by the opinions of Coleridge, Grove, Carpenter, and Radcliffe, amongst others, he is led to conclude that we are without evidence of any striking fundamental difference between the phases of what is called "vital" force and those of the force which influences the inorganic world. He is content, with Coleridge, to look upon the tendency of life as one of individuation—"the internal copula of bodies,.....the power which discloses itself from within as a principle of *unity* in the *many*." If this be so, "we have no right to assume that the increase of any one or more of the 'many' forces concerned in the life of the body is an exaltation of the 'vitality' of the organism, or of the part wherein such increase of force is developed. The standard of life is a certain exact balance of various forces, developed with a certain *constant relation to* material tissue arranged in *a definite* manner; to say that we increase such life or 'vitality' in one part of the organism by destroying this balance, is a contradiction in terms. And the standard of function in an organ is the accurate discharge of such an amount and kind of work as may help to maintain this healthy adjustment of power and of matter in the organism; to say, then, that an organ exhibits an increased activity merely because it is seen to be under the influence of extraordinary powers, and to present a new arrangement of matter, is incorrect. It follows that the use of the word 'stimulus,' to express the cause of 'excessive' action of any kind in the body, is improper; and we may expect to find that when a remedy really does improve vital power, it does so by restoring, in a natural manner, the natural condition of things."

The genuine effects of stimulation, he concludes, are divisible into cases of relief of pain; removal of muscular spasm; reduction of undue frequency of circulation and of excessive secretion; removal of general debility, or of special fatigue of muscles, brain, or digestive organs; removal of delirium or maniacal excitement, and production of healthy sleep; support of the organism in the absence of ordinary food; local increase of nutrition where this is deficient. This portion of Dr. Anstie's book is peculiarly interesting and important.

An examination of this list reveals to us, immediately, one very striking fact. Pain, muscular spasm, abnormally increased circulation, and excessive secretion, have all been referred to previously as examples of effects which are commonly believed to *result* from the application of a stimulus. It must be allowed to be at least highly improbable that these phenomena are capable of being both produced and removed by an influence of similar character. If, then, Dr. Anstie succeeds in convincing us that stimulation will remove or even relieve such symptoms, he goes, we think, a long way to prove either that their production must be ascribed to some other cause, or that the commonly received notion of the action of "stimulants" is erroneous. To avoid confusion of ideas it is necessary to bear in mind the etymology of the word "stimulus," as it is rather its equivalent "irritant" which is usually employed under these circumstances. There is no part of the work which deserves more attentive study than this. Novel as some of his views appear at first sight, we soon perceive that he is but reminding us of facts which are of everyday occurrence, although their true bearing is overlooked.

Nutritious food, when *easily digested*, is our most satisfactory remedy for pain, when this is not kept up by a mechanical cause. Opium and morphia, in small doses; carbonate and

muriate of ammonia; alcohol, in doses just too small to produce flushing of the face or sweating of the brow; chloroform, inhaled (in the proportion of about two per cent. to the bulk of atmospheric air) for a short time, or taken internally in doses of a few drops,—are, with some others, cited as remedies for pain.

"The action of all the other remedies in the list is a pale reflex of that of highly nutrient and easily digested food. The same increased firmness, without hurry, of the pulse; the same renewed cheerfulness, loss of the sense of fatigue, feeling of grateful warmth throughout the body, in each case accompanying the relief of pain, in a greater or less degree."

We must refer the reader to the book itself for illustrations of this point, which are adduced in great number. Convulsions from teething or in epilepsy, muscular tremor and spasm, are shown to be removed or relieved by *stimulant* doses of chloroform, ammonia, alcohol, &c. The author remarks, in reference to the use of chloroform in such cases, that *narcotic* doses of this material are highly favourable to the production of convulsive movements—a fact which may be noted in any operating theatre. It is from a small quantity, which acts as a stimulant, that the desired relief may be obtained. In colic and spasmodic asthma, alcohol (but not in intoxicating doses, which are injurious) has a marked effect.

Reduction of unduly frequent circulation, as for example in fever, by the administration of alcohol, is within the constant observation of every medical practitioner.

"Here again it is by no means desirable to drench the patient with a large dose. The object should be to administer small quantities at short intervals; for to narcotize a fever patient is a most serious and dangerous step, and the well-meant zeal of those who have desired to procure sleep has often induced coma, from which the patient has only recovered to collapse and quickly sink."

In reference to delirium, Dr. Anstie remarks:—

"Food is *the* stimulus, *par excellence*, for the brain which frequent narcotism has reduced to the state in which delirium occurs.....In all these cases the action of food may be supplemented or partially replaced by stimulant doses of alcohol, ammonia, &c.; but *true narcotics are injurious.*"

We have reason, from experience, to confirm unhesitatingly the justice of this remark. The subject of the support of the organism, in the absence of ordinary food, by stimulants is considered by the author at great length, and some very remarkable cases are quoted. Because most of these substances *in large doses*, and under certain circumstances, are capable of acting as narcotics, it has been assumed, hastily, the author thinks, that the manner in which alcohol, opium, &c., act as food is by means of their capacity for arresting vital changes and causing life to go on at a low degree of intensity. No proof exists that the measure of vitality ought to be taken from the rapidity of tissue change. Arrest of tissue change, to any extent, has not been shown to result from the daily use of small quantities of the ordinary stimulant *ingesta*. We do not know anything concerning the rapidity of tissue changes in the extraordinary instances where life has been long preserved by stimulants in the absence of ordinary food; but we do know that life has been so prolonged, and that in many cases vital energy would seem to have been maintained at a high point. The chapter concludes with the following proposals:—

"1. That the use of the word 'stimulant' be restricted to agents which, *by their direct action, tend to rectify some deficient or too redundant natural action or tendency.*

"2. That agents which produce excessive and morbid action of any kind in the organism be refused the name of stimulants, even though smaller doses of them may act in a truly stimulant manner.

"3. That the word 'over-stimulation' be entirely rejected from use, as unphilosophical and a contradiction in terms."

The definition of narcosis is considered in Chapter 4. Hippocrates used the verb ναρκόω in an active sense—to benumb or deaden; and νάρκωσις for the process of benumbing, or sometimes in a passive sense, numbness or paralysis. It seems probable, from Dr. Anstie's researches, that the confusion between narcotics, anodynes, and nepenthes is of comparatively modern date, and that the ancients recognised what we are often disposed to overlook, a difference between the action of these substances. His definition of a narcotic is *a deadening agent which diminishes the activity of the nervous system.* Anodyne and pure hypnotic effects he considers as resulting from stimulation, and as not to be reckoned amongst the phenomena of narcosis proper. The symptoms of narcosis point to a more or less complete paralysis of the nervous system. The occurrence of clonic convulsive movements, which is not unfrequent in opium poisoning of infants, forms no exception to this explanation. In some experiments made by Dr. Anstie on the effects of opium upon dogs, cats, and rats, he found that paralysis, at any rate of sensation, was always developed prior to the occurrence of clonic convulsions. They occur under circumstances in which it is impossible to imagine any excitation of the medulla oblongata, simultaneously, that is, with paralysis of sensation and usually of motion, and with profound unconsciousness. The so-called "stimulant" effects exerted on the brain by a particular class of narcotics are shown to be improperly so described. In alcoholic inebriation, the first warning is flushing of the face—an indication that the cervical sympathetic is becoming paralysed. The unnaturally "high spirits" which succeed are characterized by this important fact, that the feelings ordinarily suppressed by voluntary effort are displayed by the removal of the customary veil. Suppressed emotions, passions, and desires have their sway. The same phenomena occur in the process of chloroform inebriation. Sensory paralysis usually begins in the posterior extremities, and advances slowly, engaging successively the parts supplied by nerves derived more and more from the anterior portions of the spinal cord. The fifth pair of nerves, however, are paralysed at a very early period, as is shown by the results of several experiments upon the lower animals.

As regards the relation which stimulation and narcosis bear to each other in the action of those substances which are able to produce both, we glean the following points from amongst the author's conclusions:—The production of consecutive paralysis is common to all narcotics given in doses of a certain amount, varying with the age, constitution, and state of health of the taker. Most, if not all, narcotics, in less doses than these, act as stimulants. This stimulant action is not produced, however, even in the slightest degree, by narcotic doses. The type of the stimulant class is found in food. The action of true stimulants is followed by no other "recoil" than that which is implied in the gradual cessation of their action. Narcosis, being a purely paralysing process, is not remedial; but certain forms of it, as from chloroform inhalation, may be employed for a strictly temporary purpose. The real therapeutic effect of what we commonly call narcotics, is true stimulation, as seen, for example, in the employment of small doses of opium, chloroform, &c. When a particular symptom—e.g., pain—can only be relieved by narcotic doses of any drug, *the medicine is probably altogether an improper one for the case;* and, in such cases, the substitution of another stimulant, and especially food, will usually succeed.

Here we must stop, unavoidably leaving altogether unnoticed the special researches upon alcohol, ether, and chloroform, which form the basis of the work, and furnish information of the highest importance in reference to those materials. We have the greatest pleasure in recommending Dr. Anstie's work to the earnest study of the profession. Based as it is on a purely inductive method of research, it commends itself to the reader as at once a most valuable addition to our existing knowledge upon the important subject of which it treats, and a starting point for further investigations in a direction promising the most valuable results. Where the matter is so good, and the style of composition so pleasant, it is hard, perhaps, to cavil at the length to which the work extends; but we cannot help thinking that a little condensation would be of as much

advantage to Dr. Anstie's argument as it certainly would be agreeable to the reader. In his anxiety to be very distinct in his explanations, he shows occasionally a tendency to recapitulation which would be better avoided. Of the practical utility of such a book as this there cannot be two opinions. There are few thoughtful men who have not wondered, whilst prescribing such materials as brandy or opium, why they should administer a particular dose, or even why they should give it at all. It is but the simplest justice to Dr. Anstie to say, that his readers will feel greatly increased confidence in their management of a class of remedies so fraught with good or evil results according as their mode of action is appreciated or misunderstood.

## ARSENIC IN ORNAMENTATION AND IN SURGERY.

*To the Editor of* THE LANCET.

SIR,—About three years ago the question of the poisonous properties of certain room-papers was extensively discussed in THE LANCET. The evidence adduced conclusively proved that they were poisonous, but so far as I am aware no explanation of the *modus operandi* was ever made. The result was pretty uniformly described as similar to that of lead-poisoning from water that had passed through a certain quality of lead cisterns and piping—affecting only some persons in a family, not all; and that the more minute the quantity of lead dissolved in the water, the more insidious and pernicious was the poison: so it was found that in cases where the arsenical vapour was exhaled in the most inappreciable quantity the effects were most severe. This fact led to the eventual disuse of the fine arsenical greens which formerly adorned our walls.

That arsenic combined with tallow and stearines to harden and whiten candles should, on being burned, give off a considerable quantity of arseniuretted hydrogen gas, producing headache, swooning, dyspnœa, &c., is very obvious; but that a fixed salt, such as arsenite of copper, which is not at all volatile, should without ordinary combustion exhale poisonous properties, is a problem the solution of which I have not been sufficiently fortunate to meet with in print. Therefore, entertaining the opinion that the explanation of the poisonous effects of arsenical paper-hangings was to be found in that species of slow combustion called *eremacausis*—organic *decay* either of the fluid employed for suspending the colour on the surface of the paper, or of the composition of the paper itself, or of the paste which attaches it to the wall,—I made the *experimentum crucis* nearly three years ago by having the walls of my dining-room coated with what is called "distemper green," composed of four pounds of arsenite of copper, three pounds of pure hide-parings, and a sufficient quantity of Paris white (sulphate of lime) to produce a fine tint. The sulphuretted hydrogen, carbonic acid, and the condensed vapour of respiration from occasionally twenty persons and from the combustion of gas from six burners, have not caused the emanation of a single traceable particle of arsenical vapour. Not a headache or other poisonous sensation has at any time been perceived by anyone, either guest or member of my family. Some of my friends have so admired the colour of the room that, notwithstanding the terrible association of arsenic in its composition, they have copied it.

I have now related a case in proof that arsenite of copper with select combinations does not emit arsenical vapour, and is not injurious; nor would it be injurious if placed on paper-hangings not composed of fermentable materials, and not incorporated with, nor attached to walls by, substances containing gluten or sulphur, or any animal or vegetable matter in a state of decay. Glue and sour flour—substances generally used as paste—are pre-eminently in a state of decomposition. It is therefore not surprising that the gases so evolved should permeate the paper, and separate the arsenic in the form of sulphuretted and arseniuretted hydrogen, with ammonia; particularly as we know that glue contains particles of blood and other putrescent matter; that flour, of which paste is made, contains gluten, the common ferment of bread; and that straw, which now enters into the composition of paper, also contains gluten. Were this element removed from the paste and paper by chloride of lime, alkalized soda, or any other of the usual expedients for extracting gluten from the various feculas forming paste and gums, the use of a pure arsenite of copper would not be objectionable; for I am persuaded that all well-marked cases of injury from arsenical paper-hangings have depended on the neglect of these causes, coupled with the fact that most of the arsenite of copper found in commerce contains additional *loosely combined arsenic*.

The chief point in the whole matter consists in having an arsenite of copper free from redundant arsenic. Of course, if arsenic be loosely combined it must act as such when spread upon a wall, subject to every surrounding influence. So successful has been my homely experiment that gentlemen in the neighbourhood of Liverpool have dismantled their newly-papered villas and substituted greens, pinks, &c. in distemper, to their complete satisfaction.

Of far more importance than household decoration, however, is the surgical fact I have discovered, that the arsenite of copper is a valuable *escharotic* and *sedative* in sloughing and malignant ulcers and epithelial cancers. Sulphate of copper has been long known as a popular escharotic; nitrate of copper more recently; each having its respective merits when skilfully selected. And, on reflection, we should expect that arsenite of copper would possess the soothing remedial agency of arsenic along with its well-known preservative power over organic structure; while the copper acts stringently on all that is vital, and detergently on that which is effete. This metallic salt has also the further advantage, that neither ingredient is poisonously absorbed, which cannot be said of either when used separately. Wherever the arsenical paste is applicable this arsenite may be used. It is very superior to arsenious acid, in arresting fetor and not acting poisonously through absorption when fungous and sloughing surfaces have become granulative. The universality of this fact, however, can alone be established in extensive hospital practice. To those possessing large opportunities for testing the value of suggestions for improving this barren field of surgery (malignant ulceration) I commend the use of a paste composed of equal parts of the arsenite of copper and mucilage of acacia, applied by a thick camel-hair brush, or by means of a spatula, on the spongy fungous growths which usually block up the orifice of cancerous infiltration, and in the latter stages of carcinoma. It gives no pain, and its first effect is to completely arrest the fetor, even when it has been intolerable under the partially restraining influence of the best disinfectants. In an hour, or less, a thin brown excretion flows copiously from the disintegrated cells, which in a day or two become so broken down as to leave a free aperture. In forty-eight hours the fetor returns if the dressing be not renewed. Too free an application within cavities I have seen temporarily repress the infiltration and induce slight inflammatory reaction; soon, however, restrained by a fomentation or poultice. In epithelial cancer about the face it would be well to further dilute the application. In a case of carcinoma uteri, now under my care, in which the whole inner surface of the os and neck is sloughing, presenting a striated and fimbriated appearance of the muscular tissue through absorption of the areolar, the power of the arsenite of copper has been most significant in relieving the pain and diminishing the nodulated condition of the uterus as far as can be felt. In this case the anodyne effect does not occur within twenty-four hours, but is then most complete, and continues for the same time, when it gradually loses its intensity in the same manner as the disinfectant power declines. After six applications the great pain over the pubes and hips is now considerably abated, even when a new dressing is required. Her countenance is less indicative of malignant disease. She takes walking exercise, and is altogether more cheerful. The result shall be made known.

Such is an outline of the escharotic and anodyne properties of the arsenite of copper in my hands; but how far its repeated application may remedially influence the blood, sufficient time has not yet elapsed to determine. It is, however, satisfactory to know that in a few days the whole mass of a carcinomatous tumour is visibly reduced, and the aperture made wide, with a tendency to healthy granulations; and that the relief from pain is sometimes greater than can be procured from opiates.

I am, Sir, your obedient servant,

Hope-street, Liverpool, July 6th, 1864. JOHN TAYLOR, M.R.C.S.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The thirty-fourth meeting of the British Association for the Advancement of Science will commence at Bath on Wednesday, the 14th of September, under the presidency of Sir Charles Lyell.

# THE LANCET.

LONDON: SATURDAY, JULY 30, 1864.


WE heartily congratulate the profession upon the rejection of the Indian Medical Service Bill. This Bill had been hurriedly introduced into the House of Commons during the dog-days, and was being pressed rapidly through the House at a time when few members were present, and when only the unfinished tags of the year's business were being woven into the legislative web. It took the profession by surprise, and nearly succeeded in entrapping the House and the public. A more monstrous and iniquitous measure was never introduced into the House. But it was only by a happy conjuncture of circumstances that it was defeated. It had already passed into Committee, and was being triumphantly carried through, notwithstanding the *primâ facie* objections raised by Mr. POPE HENNESSY, to whom the medical profession are greatly indebted. We were just in time last week to expose the fallacies upon which the Bill was based, and the mischievous results which it must produce if carried. We printed the Bill at length. It is only necessary, therefore, to recall that it would in effect have abolished the admission of medical officers to the Indian army through the portals of a competitive examination, and would have substituted the system of patronage by leaving it to the Secretary of State for India to make his own regulations and admit whom he pleased. We protested against this in the name of the profession. The medical body does not desire a return to the system of patronage: it desires only that an examination shall determine who are fit to be entrusted with the grave responsibility implied in the sole care of the life and health of officers and men in her Majesty's army, and that such men shall be admitted as vacancies may occur without favour or partiality. It asks for examinations, and would not willingly see the old abuses of an abandoned nepotism renewed by Act of Parliament.

The existing deficiency in the medical service, both of the Indian army and of the army generally, is painfully evident. But it is not fair either to the soldier or to the medical officers that this deficiency should be remedied, if indeed it could be, in the way proposed. We have pointed out for months and years the growing difficulty in which the military authorities are now involved, and the increasing peril in which they are placing the lives of the soldiers. There is at this moment a deficiency of upwards of 200 medical officers in the QUEEN'S army in India and in the British possessions—nay more, there are no candidates for these vacancies, or next to none. Yet more, we see no prospect of filling these vacancies under the present system. But there is a good reason for all this. The inducements to enter the army are insufficient. The medical officers now serving have been treated with habitual discourtesy and disregard; their Warrant has been repeatedly tampered with; their fee is inadequate; their allowance of leave is very insufficient; their retirement is too protracted, and their retiring pension too small. Lord DE GREY is well aware of this. He has referred to the highest authorities in the profession to know why medical students will not apply as candidates at the advertised examinations. These facts have been placed before him. The correspondence which has now for three years flooded our columns shows very conclusively that, although the medical profession is one which has many blanks and few prizes, although it is neither very wealthy nor possessed of great parliamentary influence, as are the Church and the Bar, yet our young men will not enter a service, the officers of which are neither treated as gentlemen nor adequately remunerated.

At present the Indian medical service is bare of medical officers. In the home army an equal dearth prevails, and it has been found necessary to hand over the soldier to a class of surgeons called acting assistant-surgeons, who have shirked examination by the Army Medical Board, and are introduced by a back-door to fill the gap which exists, and do home service while the regular officers are sent abroad. But why resort to these dangerous shifts and unworthy expedients? There is only one way of doing justice to the army, of satisfying the country, and of attracting in scores young candidates for military medical service who will not fear examination, and who will be found equal to their duty in any situation, and under every trial. Let the Government appoint a small commission of such men as Sir JAMES CLARK, Sir RANALD MARTIN, Dr. SUTHERLAND, Dr. PARKES, Professor LONGMORE, and Professor MACLEAN—men well acquainted with the wants of the army, and who possess the confidence of all, and let such terms and treatment be offered to medical officers as they may declare proper and necessary. No great concessions are asked or are needed. The full confirmation of certain honorary rank, some improvement in pay and retirement, and a statesmanlike consistency in refusing to tamper with Warrants solemnly issued, will immediately restore confidence, and will make the medical service of the army as popular as it is now loathed. The present position of the army medical service is one of such distress and inefficiency that were war to break out, the consequences would be such as can hardly be contemplated with equanimity. Indeed, it was generally understood that had recent international difficulties failed to meet with a pacific solution, a new Warrant must have been granted forthwith as a matter of necessity. The Government will always be able to draw together a number of medical persons of all sorts who will consent to serve on the condition of their professional qualifications not being tested by examination. This they are now doing, and foisting them on the army as acting assistant-surgeons. But at the end of the most patient, laborious, and solemn inquiry ever conducted into the affairs of the army—the commission over which Lord HERBERT presided at the termination of the Crimean war—it was rightly resolved that these examinations were a matter of absolute necessity. They are most acceptable to the profession; they are safeguards to the army; and public opinion will not, we trust, permit of their being set aside for the army generally any more than it has suffered them to be superseded in the Indian service.

We rejoice to have been the means of awakening attention to the dangerous objects of Sir CHARLES WOOD'S Bill; but we are not unmindful—nor will the profession forget—that the able and energetic protest of the great leading journal of the country powerfully echoed our voice, and was directly instrumental in enforcing, renewing, and repeating the protest which

we recorded; and that Mr. POPE HENNESSY, aided by Colonel NORTH and others, rendered services which must not be forgotten, in arousing the House of Commons to a sense of the wrong which the Bill would have perpetrated.

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AMONGST the few questions of humanitarian character having immediate connexion with health and disease concerning which Parliament has taken a little notice before it expires, is that of the Relief of the Casual Poor of the Metropolis. Under our archways, in deserted areas, on shadowy door-steps, against park railings—nay, even in retired gutters, such as are not unfamiliar with the "noon of night" know that hundreds nightly pillow their weary heads. In these and similar localities they continue to shiver and doze alternately according to the season and to their escape from the disturbance of policemen and night guards. These London Arabs, these Bedouins of the metropolitan desert, are thus permitted to remain loose upon society; for every union in London disowns and rejects them. They belong to no particular parish, and no board of guardians is in special duty bound to protect them. Any workhouse may reject them if it can only show that its "casual ward" is full. They are vagrants to every intent and purpose, wandering over a Sahara of poverty and crime. By day they beg, by night they settle down upon the stones like the foul damp from the cellars near them. In summer their houseless state by night can be tolerably borne if they have obtained by day something with which to satisfy their stomach's importunities. Amidst the rigors of winter they die by wholesale. From the door-steps and stones they are nightly brought by policemen to our hospitals, half stupefied from want and cold. Scarcely to be aroused, they are picked up like dirty bundles, and carried off, not to the poorhouse or casual ward, for these will none of them, but to the nearest hospital. Here they receive admission as "emergencies." By dint of warm blankets, tins of warm water, and the administration of stimulants, the majority recover so far as immediate risk is concerned. But the chances are that the physician finds them the next morning suffering from a severe form of bronchio-pneumonia. The coldness and blueness have diminished, it is true; but there is somewhat of the latter in particular remaining. Yes, these half-frozen, cold-intoxicated, semi-starved, miserable bodies will serve for many a clinical remark during the winter session, whose January they inaugurate. The parishes have thrown them off, and so the hospitals must receive them. The latter, with their—in many instances—pitifully limited funds, must *nolens volens* find blankets and brandy for any amount of destitution that may be forced into *their* casual wards. Beds may be scarce, governors importunate, cases of serious and interesting character waiting to come in; but no, all must give place to these "night emergencies." The police pick up the blue and chilly dirty bundles, and leave them with the night porter, whether he likes it or not. At the union—though it be night—both figuratively and literally they are too wide awake. The night porter opens not the door—sharp fellow as he is; he looks through the grating. "Found a man on a door-step close by; think he's dying," says the policeman. "Casual ward full long ago; better take him to the hospital," answers the receiving officer, and closes the grating. Off goes the bundle again to be lodged at that truly Samaritan institution, which more than any other is constantly repeating, "Come unto me all ye that are weary, and I will give you rest."

Now, there are two important questions which concern the public in connexion with the nightly career of these miserable outcasts. The first is, that if such a social condition be allowed to continue, it is not proper to force our hospitals to become the relieving houses of mere destitution and its results when their funds and benefits are clamorously demanded for another class of cases. If a policeman does not know what to do with a half-starved, half-frozen, or even drunken man, he tries an hospital. The large and endowed institutions may not feel all the inconveniences of this system, which preys so continuously and heavily on their smaller and less wealthy sisters. The latter rightly demand, then, some alteration in this respect. But the true remedy for this evil and every other in connexion with the subject in question is, that measures shall be taken which shall definitely put a stop to this rejection of the casual poor by the unions of the metropolis. What should be the nature of these measures, and how shall they be effected? It is these that our waning Parliament undertook to consider. The upshot of all discussion on the matter would appear to be this: If the "casual poor" do not belong to any union in particular, they must be the general property of the parishes at large. The burden of maintenance or relief must then be thrown upon all equally. If the present nightly misery and scandal are to be stopped, *all* must be compelled to do their share in arresting them. Now, as has been observed,—

"As it happens, there is only one financial organization that embraces all we call London. The Metropolitan Board of Works levies rates for the whole area. It is true it only levies rates for improvements, and from property, not occupation; but the latter objection is only nominal, since the rates are really paid by the occupants; and as to the former, a Board created for so great and exclusive a position, constituting it the only government of the metropolis, ought not to refuse burdens naturally pertaining to the one governing body. It is the policy as well as the duty of the Board to augment its jurisdiction. In this case the burden is not very formidable, nor is there any reason to expect that it will be more so than now. The average daily number of vagrants relieved by the London unions last year was 525; the cost for one year, at 3*s.* a week, would be £4095, which is about the third of a farthing in the pound on the rateable area of the metropolis. It is too small, indeed, for special machinery. From our own long experience we can say that something must be done, and the unions must be relieved from the practical necessity of fighting against the legal duty of taking in the vagrant. They are ready to perform the duty if they can be reimbursed their expenses, as now proposed, by a metropolitan rate."

Surely the method here pointed out for relieving both union and hospital is reasonable enough, and one with which few would be disposed to quarrel. Another winter will soon be with us in all its severity, and the houseless and starving will have to be again picked up like senseless logs from off the stones of London. To obviate another season's scandal immediate legislation is necessary; and yet, will it be believed, exception has been taken to the efforts offered to be made by Government! It has been asserted that the principle involves such a total change in the constitution of the Poor-law, and so uses the Metropolitan Board of Works as an engine for levying the Poor-rates, that Government should pause before it attempts to carry out any such method. If a readier and more effectual manner of putting a stop to a gigantic evil can be suggested by

any of these opposing wiseacres, let them do so by all means; but pray do not let a good work be cut short simply upon the principle of opposition. We are glad to find, however, that common sense and humanity will be too strong for party prejudice and quibbling.

WE stated in last week's LANCET that the authorities of the Royal College of Physicians did not look favourably upon the proposal to grant *ad eundem* licences to surgeons in general practice. The Council have since met, and have resolved to advise the College not to grant the prayer of the memorialists in this matter. The College has never been remarkable for its celerity in the way of reform, though of late years it has undoubtedly quickened its steps in that direction. It was only after a struggle of nearly twenty years that the Fellowship was granted to the graduates of the Scotch Universities. The College only gave way to what was really a necessity. A majority of the leading physicians of London were Scotch graduates, and were admitted only as licentiates of the venerable institution in Pall-mall. The College succumbed after a most humiliating defeat. Many of the Scotch graduates accepted the honour of the Fellowship, but two of the foremost of them rejected it with disdain. Sir JAMES CLARK, physician to the QUEEN, and Dr. NEIL ARNOTT, one of the first of philosophic physicians, are still merely members. They fought for a principle which, if carried out, might be useful to others, but could confer no distinction upon them, though the College might have obtained honour in numbering them amongst its Fellows. The cry of "Westward ho!" is not at the present moment loud and general enough to waken up the sleepy janitors of Pall-mall. It will, however, make itself heard. Already memorials from thirty important places are in course of signature. Is the Council of the College really prepared to reject an offer, made almost universally, which would add to its power and importance, and which cannot fail to elevate surgeons in general practice to their proper standard?

# Medical Annotations.

"Ne quid nimis."

## THE CLIMATE OF SOUTH AFRICA.

LADY DUFF-GORDON, in her letters from the Cape ("Vacation Tourists, 1862-63"), tells us many interesting facts concerning a South-African climate. She teaches also a lesson of sound-mindedness which it would be well for all invalids seeking health in foreign countries to study. A habitude of mind which never tires of calms, which enjoys a stiff gale like a Mother Carey's chicken, and which thinks it necessary to apologize, after a fashion, for being able to extract enjoyment out of small personal miseries, is to be commended to all health-seekers whatever.

Lady Duff-Gordon, a *poitrinaire*, left England, by a sailing vessel, for the Cape of Good Hope, in July, 1861. She had a tempestuous passage, but she is one of the rare tourists (to say nothing of invalids) who can fully enjoy and rightly appreciate a good tumbling about at sea. "I recommend," she says, "a fortnight's heavy gale in the South Atlantic as a cure for a *blasé* state of mind. It cannot be described: the sound, the sense of being hurled along without the smallest regard to 'this side uppermost;' the beauty of the whole scene, and the occasional crack and bear-away of sails and spars; the officers trying to 'sing out' quite in vain, and the boatswain's whistle scarcely audible. I remained near the wheel every day for as long as I could bear it, and was enchanted." She reached Cape Town in September, and her induction to the South-African climate was a fortnight of cold and damp south-west wind (equivalent to our east wind), such as the oldest inhabitant had "never witnessed," and which brought on a bad attack of bronchitis. She enjoyed the luxury, however, of a very good doctor, a certain Chiappini, half Italian, half Dane, born at the Cape and educated at Edinburgh. "He has a son studying medicine in London, whose mother is Dutch: such is the mixture of blood here." Early in October the wind went to the south-east, "the blessed sun shone out, and the weather was lovely at once"—that is, when the weather *was* fine; and "when it *is* fine it is quite celestial, the air is so clear, so dry, so light." But the south-east is a treacherous quarter, and a "south-easter" is a hurricane, and while it blows "Cape Town disappears in impenetrable clouds of dust. But this wind, coming off the hills and fields of ice, is the Cape doctor, and keeps away cholera, fever of every sort, and all malignant or infectious diseases. Most of them are unknown here. Never was so healthy a place; but the remedy is of the heroic nature and very disagreeable. The stones rattle against the windows, and the omnibuses are blown over on the Rondebosch road." Late in October (28th) Lady Duff-Gordon writes that there has been more really cold weather, but that "yesterday the summer seems to have begun. The air is light and clear *as if there were none*, and the sun hot; but I walk in it, and do not find it oppressive. All the household groans and perspires, but I am very comfortable." She is puzzled with the climate. While the sun is scorching, the south-east may be blowing an icy hurricane. This wind prevails all the summer until February or March. When it does not blow, the weather is said to be heavenly, though cold in the mornings and evenings. No one must be out at or after sunset, the chill is so sudden. Many of the Cape people declare that it is death to weak lungs, and send their *poitrinaires* to Madeira or the south of France. But Lady Duff-Gordon disbelieves the statement, as well as that the climate is enervating. The children are remarkably healthy, and the consumptive who visit the Cape get well in spite of the doctors, "who wont allow it possible." The people grumble about the north-east wind, and call it damp, "which, as they don't know what damp is, is excusable: it feels like a *dry* south-wester in England." "The transitions are so sudden that, with the thermometer at 76°, you must not go out without taking a thick warm cloak; you may walk into a south-easter round the first spur of the mountain, and be cut in two. In short, the air is cold and bracing, and the sun blazing hot; those whom that suits will do well. I should like a softer air, but I may be wrong; when there is only a moderate wind, it is delicious."

In December, Lady Duff-Gordon went one hundred miles inland, amongst the mountains, to Caledon. With this place and its accompaniments she is in raptures. "The climate is evidently a styptic of great power," she says. "I shall write a few lines to THE LANCET about Caledon and the hot baths—'Bad Caledon,' as the Germans at Howard Hock call it. The baths do not concern me, as they are chalybeate; but they seem very effectual in many cases. Yet English people never come here; they stay at Cape Town, which must be a furnace now; or at Wynberg, which is damp and chill (comparatively); at most they get to Stellenbosch. I mean visitors, not settlers; *they* are everywhere."

Of the climate of Caledon Lady Duff-Gordon observes: "I have no doubt that Dr. Shea [another of the kind sea-doctors] was right, and that one must leave the coast to get a fine climate. Here it seems to me nearly perfect—too windy for any pleasure, but then the sun would be overpowering without a fresh breeze. Everyone agrees in saying that the winter in Cape Town is delicious—like a fine English summer. In November the south-easters begin, and they are 'fiendish;' this year

they began in September. The mornings here are always fresh, not to say cold; the afternoons, from one to three, broiling; then delightful till sunset, which is deadly cold for three quarters of an hour; the night is lovely. The wind rises and falls with the sun. That is the general course of things. Now and then it varies, and this year there is a little south-easter, which is quite unusual, and not odious, and it is near the sea; and there is seldom a hot wind from the north. I am promised that on or about Christmas-day; then doors and windows are shut, and you gasp. Hitherto we have had nothing nearly so hot as Paris in summer, or as the summer of 1859 in England; and they say it is no hotter, except when the hot wind blows, which is very rare. Up here, snow lies in winter on the mountain tops; but ice is unknown, and Table Mountain is never covered with snow. The flies are pestilent, incredibly noisy, intrusive, and disgusting—and oh! such swarms! Fleas and bugs not half so bad as in France, as far as my experience goes, and I have poked about in queer places." Again we read: "The glorious African sun blazes and roasts one, and the cool fresh breezes prevent one from feeling languid. ..... On Christmas-eve it was so warm that I lay in bed with the window wide open, and the stars blazing in. Such stars!—they are much brighter than our moon." Again (Jan. 3rd): "The sun was such as in any other climate would strike you down, but here *coup-de-soleil* is unknown. It broils you till your shoulders ache and your lips crack, but it does not make you feel the least languid, and you perspire very little; nor does it tan the skin as you would expect. The light of the sun is by no means 'golden'—it is pure white; and the slightest shade of a tree or bush affords a delicious temperature, so light and fresh is the air. They said the thermometer was at about 130° where I was walking yesterday, but (barring the scorch) I could not have believed it."—Jan. 19th: "Till this last week the weather was pertinaciously cold and windy; and I had resolved to go to Worcester, which lies in a 'kessel' and is really hot. But now the glorious African summer is come, and I believe this is the weather of Paradise." In March the summer was over at Caledon, and Lady Duff-Gordon descended to Worcester, where it was met with again: "The most delicious air one can conceive; it (Worcester) must have been a perfect oven six weeks ago. The birds are singing away merrily still; the approach of autumn does not silence them here."

One word on South-African mountain scenery. The time is March; the locality, Waggon-makers Valley, near Cape Town: "The sun went down, and the high mountains behind us were precisely the colour of a Venice ruby glass—really, truly, and literally; not purple, not crimson, but glowing ruby-red; and the quince-hedges and orange-trees below looked intensely green, and the houses snow-white. It was a transfiguration—no less."

Lady Duff-Gordon left the Cape for England in May.

## PROFESSIONAL HONOUR.

IT is with regret that we notice the name of a duly qualified medical practitioner as having recently figured in the Divorce Court. We refer to the matter with the sole view of recording the Judge-Ordinary's opinion of the honourable status of the medical profession. His Lordship, in commenting on the case of the petitioner, who held high rank in the Indian army, observed—

"The petitioner was a member of a noble profession, and the co-respondent was a member of a profession equally noble. To medical men were entrusted much of the happiness and honour of families. They were received on terms of confidence and familiarity, and, with rare exceptions, proved worthy of their position. The situation of a medical attendant on a married woman was one fraught with peril both to the medical man and to society. The temptation to which he was exposed was very strong; but the very strength of that temptation made it imperatively necessary that those who were in any sense the guardians of society should protect society against it. In this case the co-respondent had been unfortunate and weak enough to yield to temptation. It was no part of his duty to inflame the damages, but a great wrong had no doubt been done to the petitioner and to society by this unhappy connexion. It was fair, however, to recollect that society in a great measure revenged itself, and that from this moment the co-respondent would probably never again be found by the bedside of a married woman in her sickness."

We place on record these observations on the *morale* of the medical profession. The distinguished Judge who thus expressed himself has had the largest opportunity of becoming familiar with the difficulties which medical men must encounter in the discharge of their professional duties. In questions of conjugal fidelity, of family happiness, of testamentary capacity, involving the dearest and most sacred obligations of life, the medical practitioner has at times to determine by his evidence the course which justice must pursue. If he be prejudiced or unprincipled, meddlesome or undecided, how grievous is the wrong of which he may be the instrument. If he fail to appreciate the deep and solemn obligations of his position, and permit principle to give way to passion, how terrible is the sentence he invokes. False to his profession, he cannot be true to himself. Its principles are those of honour and of truth, for the abandonment of which the least penalty is the highest money estimate of his wrong. We commend Sir James Wilde's observations to those entering on the duties and temptations of medical practice; and bid all who would worthily discharge the grave responsibilities of the several positions in which they may be placed, to remember that while they are true to themselves and their profession they cannot be false to anyone.

## TRAPS TO CATCH FOOLS.

THE filthy advertisements of medical quacks which defile the pages of even the most respectable journals, and the disgusting museums of "anatomy" which taint the best thoroughfares, only exist by reason of the credulity of the fools they entrap, and the profits which their owners extract from credulous dupes. We are weary with denouncing the rascality which sets the bait and sucks the life-blood of the victim. It is grievous to see with what impunity these harpies assume the cloak of Medicine, and, beneath the stolen mask, victimize the silly fools who give credence to advertising puffs, or are terrified by lying wax-work. Awaiting the day when the public will understand that such advertisements of themselves imply rascality, and that such museums are the acknowledged baits of unscrupulous adventurers, and when respectable newspapers will close their columns to the scoundrels whose advertisements they now permit to appear, we can only hope that others will follow meantime the valuable example of *Mr. Punch*, in the wise and witty exposure of this system of beastly fraud which he makes this week.

"Many a valuable lesson on the art of getting money may be learnt from the quack doctors of the present day. Their contrivances, though very clumsy, are found to answer. A penny-worth of treacle, one pinch of cayenne pepper, half a dozen rusty nails, a pint of fluid, and a five-shilling advertisement, is a failure if it only produce five or six sovereigns. A full-sized goose has been found equivalent to four race-horses, a continental tour, and a diamond brooch. The laughter of the vermin-monger was only moderated by the assurance of his friends that the bird had escaped with a few feathers untouched.

"A small volume circulated through the post forms an excellent bait. Such a work is easily set up by any unscrupulous printer. The four ingredients—mendacity, indecency, blasphemy, and rubbish have only to be well mixed, and the nauseous compound is sure to be greedily swallowed by several lunatics.

"Any individual who has failed in the coal-and-potato-line may do well with a museum. The wax and plaster models must be made on the same principles that *Mr. Puff* employed for his plays,—'not to show occurrences that happen every

day, but things just so strange that, though they never did, they might happen.' The beadle (a negro is to be preferred), and the curator should be paid a commission on the plunder; otherwise they are apt to get dull on the strong drinks contained in the preparation jars. It must be remembered that these decoy-ducks have to sing the praises of their master, and to give his private address for 'consultation.' To do this with effect requires discrimination and judgment. These qualifications are more actively brought into play when it is known that they will be productive. An attendant who wastes two or three yards of insinuating talk upon 'a young man from the country,' without indirectly getting to his purse, must be ignorant of the very rudiments of the business.

"The despatch of midnight telegrams with 'Hints on the Teeth,' can hardly be recommended at present. A few years hence, when the non-restraint system has come fully into play, and Hanwell is converted into a suburban tea-garden, it will answer better. Even dentists may be in advance of the age in which they live.

"N.B. The Medical Act, which a generous Government designed for the protection of the public, has proved an utter failure. *Dr. Punch* seriously advises his credulous friends not to be made the dupes and laughing-stock of the jack-puddings of 1864, whether the latter advertise themselves as 'registered' or 'non-registered practitioners,' or resort to newspapers of apparent respectability, but which ought to find their way to the dust-bin of every decent family. The very best tonic for nervousness, groundless fears, and imaginary premature decay can be obtained in Fleet-street, every Wednesday, for threepence."

## THE TREASURER OF ST. THOMAS'S HOSPITAL.

BY the resignation of Mr. Baggallay, the office of treasurer to St. Thomas's Hospital is now vacant. Mr. Baggallay has filled that office with unmeasured zeal and devotion. No one can doubt his ability; no one can question his disinterestedness. He has given to that hospital the best energies of a large part of his life; he has held office in troublous times, and has had a fierce battle to fight. What he has done has been done with the single view of benefiting the important institution which he was called upon to administer, and we cannot permit his resignation to pass without proper recognition of his zeal, energy, and self-devotion. In the evening of a long and useful life Mr. Baggallay should carry with him the public expression which we tender of the respect and regard of the profession. There are many who have differed from his opinions; there are none who can doubt the singleminded motives which have guided him, or the ability which he has displayed. St. Thomas's has always been a great medical institution; it is destined to be yet greater. The election of a future treasurer is a matter of grave responsibility. Large administrative powers, considerable ability, perfect independence, and vigorous personal activity should be the characteristics of the man whom the governors may now elect. The treasurer is the head of the hospital, and its chief ruler. Much will depend upon the choice, and we have reason to ask of the governors to exercise their votes with the sole view of selecting the very best man that can be found for this difficult and important trust. The governors of St. Bartholomew's Hospital have great reason to congratulate themselves on having such a man as we have sketched in Mr. Foster White, their present able treasurer; and the governors of St. Thomas's will, we hope, prove equally true to their trust in the election which they are now called upon to make.

## CONTAGIOUS DISEASES.

THE safe passage of the Contagious Diseases Bill through Parliament is a source of congratulation. The evidence which has been so long accumulating of the immense ravages which syphilitic disease commits at length aroused the fears and stimulated the exertions of the authorities of the army and navy, and brought to their help the zealous common sense of the most practical philanthropists in the country. We have so often lately felt called upon to condemn the policy and question the acts of the heads of the army and navy, in respect of their oppressive depreciation of the medical officers of the country, that we are glad to be able to express a thorough concurrence in what they have done in this matter. We have no doubt whatever of the success of the experiment, and confidently appeal to the great diminution in the returns of venereal cases, which we predicted when pressing upon the Government the necessity for such a measure. Thus, one of the most prolific sources of disease in the services will be kept within bounds. It will, of course, not "cease from out the land." Unfortunately the Act is very limited in its application, and as only a few stations have the benefit of it, these will continually suffer from the importation of fresh foci of disease, in infected soldiers and camp-followers coming from distant stations, or from vicine localities out of the range of the operation of the Act. However complete, such an Act could only be partial in its efficiency, for the ingenuity of prostitutes will always suffice to enable many of their number to evade the provisions of any such enactment. But the returns of the army will tell their own tale, and we have no doubt what its tenour will be. It is well known that our own wishes go further, and accord with those of the many able men who think that in this matter the traditional cry about the "liberty of the subject" is made to cover unnecessarily the illegal licence of those who trade in vice. We hope that the successful results of the legislative steps now taken in connexion with the army will lead to some similar proceedings for the bringing all prostitutes under police *surveillance*. The letter which we publish elsewhere from Dr. Mackenzie Bacon gives some valuable details of what has recently been done in this way in Vienna.

## CHARITY AT HOME.

THE anniversary of the Essex and Herts Benevolent Medical Society has furnished one of the ablest of the senior members of the profession with a striking text which he has skilfully used. That Association is one of the oldest of medical charities. The success which has attended its operations is strikingly set forth in Mr. William Coulson's address, and he has very well shown the peculiar advantages of such local county associations for the purposes of medical benevolence, providence, and mutual self-support. We heartily commend the example of this Society for wide imitation. Mr. Coulson's address will be read with great and general interest. The illustrations which he gives of the vicissitudes of fortune in our profession are sufficiently removed from our own time to have only historical value and not to wound the feelings of survivors, while they are so real and so impressive that they tell more weightily for his argument than pages of disquisition. We hope this meeting will bear fruit, and that the excellent suggestions in the address will be reduced generally to practice. All medical benevolent institutions have our warm good wishes and support. We should feel peculiar pleasure in assisting at the extension of a system of organized local associations for the relief of known objects, carried on, as they may be, without expense in administration, without paid officers, or brick and mortar; fostering the growth of mutual and protecting kindness, and bringing together all the practitioners of neighbouring counties and their wealthier friends in the pleasant bonds of a common good work.

## THE ACCIDENT AT WIMBLEDON.

GUNSHOT wounds of the chest are very generally understood, when they are penetrating, to be peculiarly dangerous to life. Indeed, when the vital importance of the organs contained in the thoracic cavity is considered, it is rather surprising that such injuries are not still more frequently fatal than experience shows them to be. In actual warfare they form, perhaps, on the whole, the most frequent cause of death of those killed in

action or dying subsequently of their wounds. This mortality, however, is more absolute than relative, and depends in great measure upon the fact that, in the nature of things, the extensive surface of the chest offers a mark which is constantly exposed to the chance of wound.

A case of this kind occurred last week at Wimbledon, in the person of Thomas Cooper, a private in the Coldstream Guards, who was accidentally shot by his sergeant whilst picking up bullets behind a pasteboard target at the 500 yards range. We have gathered the following particulars of the accident from inquiries among some of those who were present and rendered him assistance. The poor fellow, it seems, was stooping, with his back to the firing point, at the time of the infliction of the injury. The bullet entered his body about two inches from the spine on the left side, between the eighth and ninth ribs, fracturing the former; and lodged in front about the junction of the fourth costal cartilage with its rib, on the same side, where it was felt by Dr. Westmacott, immediately after the accident, firmly wedged. When the wound in the back was explored, it was found to admit readily the little finger in a channel which passed upwards as regarded the upright posture of the body, but horizontally, of course, in reference to its position when the wound was inflicted. There was at first a considerable hæmorrhage from the wound, but this speedily ceased. Although the ball, immediately after the accident, could be distinctly felt at its seat in the front of the thorax, effusion of blood and air in the areolar tissue under the skin speedily raised a large swelling which completely obscured the situation of the missile. The emphysema spread gradually over the left front of the thorax, invading also the upper part of the right side, but did not go beyond this. It seems probable that the coagulation of the effused blood prevented any further extravasation of air from the thoracic cavity. Bright arterial frothy blood was spat up frequently by the patient; and this, coupled with the extending emphysema, the amphoric breathing (which could be plainly heard by the ear applied to the chest), and his state of alarming collapse, gave what must be considered unequivocal proof of a wound of the lung. On the other hand, the fact that in the course of a few hours the bloody sputa lessened in quantity and frequency, and that the dyspnœa, although urgent, was not excessive, gave reason to hope that the lesion of the lung was not of a very severe character. A right line drawn from the wound in the back to the place of lodgment of the ball would pass through the thickest part of the left lung and the seat of the largest pulmonary vessels, possibly also through the important vessels about the root of the heart. Now, although it is conceivable that the bullet took this direct course, and yet fortunately avoided the extensive injury which might seem almost inevitable, it is easier to imagine either that it skirted the wall of the chest internally, or that the lung, by offering little or no resistance, allowed the bullet to slip over its surface generally, without traversing it. In either case, however, there seems little doubt that a portion—probably a small one—of the lung was transfixed.

The amount of shock was excessive: the pulse was so enfeebled as to be at times inappreciable, and for an hour or two it was doubtful whether the patient would not rapidly sink and die. Dr. Westmacott, in consultation with several volunteer surgeons who were present, decided, and, we think, with proper judgment, upon leaving the ball alone. The presence of the bullet in the front wall of the chest had nothing to do with the symptoms under which the patient seemed likely to succumb, and its removal could not, at that time at least, improve his condition. If it were so superficially placed as to be then got at readily, such an operation could be undertaken at a future time, supposing the man lived, with much less risk of injury to him. If, on the other hand, there was any difficulty to be apprehended in its withdrawal, a period of such momentary peril to his life was an inappropriate one in which to enter upon the task. The times have gone by in which some mysterious influence and power of harm used to be attributed to the presence of a bullet in the body, and when army surgeons would risk everything, including the life of their patient, to an effort for its removal. (Some remarks in a letter recently published in *The Times* by Staff-surgeon Wyatt, more than insinuating that the non-removal of the bullet would jeopardize the patient's recovery in the sequel, were unprofessional and totally uncalled-for. Mr. Wyatt is entitled to have an opinion of his own, whatever it may be worth, but he is only degrading himself in the estimation of his professional brethren when he obtrudes that opinion upon the public in an offensive letter.) The patient was placed upon the injured side to allow of the free play of the sound lung, whilst ice and brandy were administered to him. When the most pressing period of collapse had passed over, chloroform was inhaled with some relief to the agonizing pain in the chest, of which he constantly complained. On the following day he was able to take some beef-tea in addition to other restoratives. The expectoration of blood gradually lessened and some vomiting occurred. His breathing was 44 to 48, and his pulse ranged from 120 to 140 in the minute. On the next day he coughed up some black coagula. The urine being retained, with great spasm of the urethra, the catheter was introduced twice.

The patient still remains at Wimbledon, and, by our last accounts, no unfavourable symptoms had supervened. Although the risk of fatal hæmorrhage may now be said to have ceased, he has still, in all probability, to go through the trying ordeal of localized or general pneumonia with empyema; and it need scarcely be said that his condition is a precarious one, although far from hopeless. On Wednesday morning effusion of blood was found to have taken place into the left side of the thorax, impeding respiration, and pushing the heart to the right side. This effusion has not apparently increased since Wednesday, and he is tolerably free from pain.

In the panic which occurred in the camp at the time of the accident, an unfortunate mistake was committed by some members of the Council, who, without consulting the advice of Dr. Westmacott and his colleagues, sent off immediately to London for a hospital surgeon. The gentleman summoned was one whom, from his position and well-known courtesy, it could not but be a pleasure to meet and consult with; but the course pursued was evidently wrong. As, however, it is quite certain that this was an error of judgment, and was not intended to convey any slight, we shall content ourselves with a simple reference to a blunder which we feel assured will not be repeated.

We purpose publishing next week a summary, by Dr. Westmacott, of the casualties which occurred during the fortnight's encampment.

## ESSEX AND HERTS BENEVOLENT MEDICAL SOCIETY.

THE annual meeting and dinner of this Society was held at Dunmow on the 23rd inst. Three hundred pounds were awarded to nine annuitants (widows). This very excellent Society is worthy of especial notice and imitation. Its object is the relief of widows and orphans of medical men left in necessitous circumstances. After business had been transacted, a dinner was held, presided over by Mr. Wm. Coulson, Consulting Surgeon to St. Mary's Hospital, London. After the usual toasts,

The CHAIRMAN rose to give "Prosperity to the Essex and Herts Benevolent Medical Society." His address, as reported, is of so great interest and general importance, from the wide application of which it is readily susceptible, that we give it almost *in extenso*. He said: It is with a feeling of sincere pleasure that I have responded to your invitation to preside over the General Audit Court of the Essex and Herts Benevolent Medical Society, for we have assembled to promote the interests of the profession which we love, and of friends whom we esteem. Your Society is entitled to rank amongst the time-honoured institutions of this country; and we may add with pride, that, like them, it has grown and prospered. In looking for the date of its foundation, we must turn to the last century. It was instituted in the year 1786 by Mr. Newell, of Colchester, and the first district court was held in the very place where we are now assembled—the Saracen's Head, Dunmow, on the 22nd of October, 1790. The first distribution of funds then made did not exceed £15. Since that period the progress of your Society has been steady and most encouraging. From 1786 to 1862 the amount received in subscriptions and donations has been £21,012, while the amount paid to widows and orphans has been £22,713. In addition to this you have a sum of £8620 in consols. And since the commencement of the Society you have relieved 53 widows of medical men, 112 orphans, 14 members of this Society, and have apprenticed 25 orphan children. These, gentlemen, are acts on which you can look back with pure and heart-felt gratification; and I may observe that the comparative small-

ness of the means placed every year at your command has not always been the measure of the assistance you have rendered. In some instances the benefits conferred have largely outstripped in extent the obligation to confer them. The family of one member, who had paid only 28 guineas in subscriptions, received in total the large amount of £1025; another family received £863; and several other families have obtained grants varying from £400 to £600. The first distribution, as I have said, amounted only to £15; that of last year amounted to £270. I may add that the annual subscriptions are £195. This demonstrates steady and satisfactory progress. Our profession, gentlemen, is not clothed in purple, and does not fare sumptuously every day. On the contrary, we have for the most part a constant, and in some cases a hard struggle to maintain a respectable appearance in life. Yet who will deny that the practical knowledge of the medical man is always available without reward for the relief of his suffering brother, or say that his means, often slender, are not forthcoming when unmerited poverty calls on him for assistance? It would be superfluous to dwell at length before an audience like the present on the great utility of this Society and similar institutions, or on the reasons which should induce all professional men to support them. These institutions address themselves for support to the profession in the first place, and then to the public at large: to the former as an affair of prudent foresight, to the latter as an act of gratitude and benevolence. I need scarcely remind you that great numbers of medical men marry early, and have families. To them, as well as to the clergy, strongly applies the Divine maxim, that "it is not good for man to be alone." Early marriages in any class must increase the proportion of widows and orphans. (After enforcing the general considerations which should induce support of such a Society, the speaker continued): Few there are amongst you, I fear, who are not acquainted with instances of sudden reverse of fortune. It would be painful and invidious to cite living illustrations of this but too certain fact, that medical men sometimes fall from affluence to poverty. But we may be permitted to learn a lesson of prudence and charity from the published records of the history of our profession. Many of you, doubtless, know that curious and interesting work, edited by Dr. Munk, entitled "The Roll of the Royal College of Physicians, London." Turn over the pages of the last volume only of that work, and you will find in the very concise narratives there given intimations of distress and trouble that make the heart bleed. In the disastrous year 1720, Sir David Hamilton, a native of Scotland, and the leading practitioner of midwifery in London, lost in the South Sea scheme the whole of his fortune—£80,000, amassed during years of patient labour. Particulars of his death are not known. The unrelieved victim of poverty, indeed, generally does hide his head to die. There was a man of ability and originality not unknown in the annals of our satirical literature,—Dr. William Wagstaffe, physician to St. Bartholomew's Hospital, Fellow of the College of Physicians and of the Royal Society,—who died in 1725 of depression of spirits, brought on by his misfortunes, at the early age of forty. Everything had seemed to be in his favour. He was a man of ancient family, good connexions, and great parts. "He was," wrote an eminent physician who knew him, "no less valued for his skill in his profession—which he showed in several useful treatises—than admired for his wit and facetiousness in conversation." Yet, with every prospect of success, he died a broken-hearted man, leaving nothing behind him but the volume of his miscellaneous works. Dr. Healde, of Trinity College, Cambridge, who began practice at Witham, in this county (Essex), went to London in 1767; was Croonian Lecturer in 1784 and 1785, and Lumleian Lecturer from 1784 till his death; physician also to the London Hospital, and Gresham Professor of Physic. Fenced round, one would think, against the assaults of poverty, yet he died in 1789, leaving his family in the greatest destitution, and his widow had to earn her bread by hiring herself out as a midwife. Again, Daniel Bridges was bred as an apothecary, but was admitted in 1766 an extra Licentiate of the College of Physicians. He practised at Hull, and was the first physician appointed to the infirmary there. Being a man of inventive genius, he discovered a method of converting spermaceti into a composition that would burn like wax, and in a very short time his Hull spermaceti candles were burning in every drawing-room in the kingdom. This source of wealth he imprudently left to the management of a workman, who, on quitting his service, set up a manufactory of his own, and amassed a large fortune; while Bridges, dying in 1792, left his family in poverty. It is not, however, to great reverses only that we must look in considering the advantages of an Association like this. There is the still commoner evil of want of success that attends oftentimes the most talented men in our profession. An accomplished scholar and able physician, Dr. Samuel Musgrave, who practised in Exeter and Plymouth a hundred years ago, became involved in a political controversy with the notorious Chevalier D'Eon and the British Government, which resulted in the discomfiture of the Doctor and the ruin of his professional prospects. Despite his talents and energy, he sank into the grave in the prime of life, dying in great poverty at his lodgings in Hart street, Bloomsbury, in his forty-eighth year. Dr. Wells, again, who was physician to St. Thomas's Hospital, and who in 1816 obtained the Rumford Medal of the Royal Society for his scientific researches on Dew, and wrote other valuable treatises, never escaped from the trammels of straitened means, notwithstanding the greatest economy, unwearied diligence, and ability. There is one cause of poverty in the family of a physician recorded in Dr. Munk's book which I cannot forbear mentioning for its eccentricity, only I fear that a gentleman with so extraordinary a propensity as that of Dr. Chambers of Hull would hardly have been provident enough to lay by his annual guinea for the benefit of his posterity. Dr. Chambers frequently returned half the money his patients gave him, thinking they overpaid his services!! Yet he had eleven children. "No wonder," adds the editor, "that Dr. Chambers died poor!" I said just now that this Society commends itself to the profession as a provident society. A reduced member, compelled to apply for assistance, may accept relief without that painful yet honest blush which the thought of receiving alms brings mantling o'er the face. Every recipient has, according to his ability, contributed to the funds from which the assistance is furnished. The distribution of those funds is regulated and settled by gentlemen who can instinctively appreciate the relative importance of the various claims brought before them; who in a conflict of claims know how to balance wants and miseries, the greater against the less; who are able to distinguish merit and demerit, to consider times and seasons, situation and circumstances, and, in fine, to exercise without fear or favour that impartial discrimination without which no provident fund can be rightly administered. But I would not forget our non-professional friends, who, with a feeling of gratitude and genuine benevolence, by their donations and subscriptions help the families of those members of the medical profession who sink into poverty. Gentlemen, I think you have a perfect right to urge upon your non-professional friends the merits of this Society. On them you have the broader claims of gratitude and benevolence. The medical man is, in the hands of Providence, an instrument for saving life and restoring health. He is entitled therefore to the gratitude of those whom he may have saved from the perils of death or the miseries of disease. And there are few objects more worthy of general benevolence than the relief of the widows and orphans of men, so many of whom annually perish in the service of the public. Lastly, I must not forget the important aspect of this Society as a local society, limiting its operation to certain counties, occupying a circle within which all the medical men must know something of each other. The members cannot only better afford combined aid in supporting the Society, but they become thoroughly acquainted with the persons who unhappily have the strongest claim to its assistance. This, I need hardly tell you, is not the case in any of the institutions of London, where often it becomes a matter of considerable difficulty and perplexity to administer with perfect fairness the funds of a society. All honour, then, to the Essex and Herts Medical Benevolent Society. Would that the whole country were mapped out and occupied by similar societies, and that by mutual systematic communication a regular organization might bind all these societies together for the one great object of the relief of our less fortunate brethren in all parts of the kingdom.

## ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

THE annual meeting of this Association was held on Thursday, July 14th, at the Royal College of Physicians: Dr. Monro, President, in the chair. There was a large attendance of members, amongst whom were Drs. Mündy (of Moravia), Boyd, Thurnam, Bacon, Lindsay, Wing, Stewart, Lockhart Robertson, Maudsley, Kirkman, Fox, Davey, Sheppard, and others; with several distinguished foreign visitors, including Dr. Morel of Rouen, and Jules Falret of Paris.

After a short address from the President, the ordinary annual business was transacted. Twelve new members and several honorary members were elected; among the latter, Dr. Watson, the President of the College of Physicians, who was elected by acclamation. The principal officers chosen for the ensuing year are—President, Dr. Monro; President Elect, Dr. Wood; Editors of the *Journal*, Dr. Robertson and Dr. Maudsley; Treasurer, Dr. Paul; Auditors, Dr. Helps and Dr. Sankey; Secretaries, Drs. Stewart, Rorie, and Tuke; and six members of Council, including Dr. Conolly and Dr. Hitchman.

Dr. Mündy, at the request of the President, then proposed the series of resolutions which appeared in this journal of the 9th inst. Dr. Mündy spoke fluently in excellent English, with the result of a committee being appointed to consider and report upon his suggestions.

Papers of much interest were read by Dr. Morel and by Mr. E. Toller: on the Present State of Psychological Medicine; and on the Advantage of the Cottage Plan in the Treatment of the Insane. Mr. Toller's "cottage plan," which he has found to work well, is the location of six patients in small "blocks" in connexion with the public asylum. It was elicited in the course of the debate that the cottage system was not applicable to the treatment of the insane among the higher classes.

On the motion of Dr. Robertson, seconded by Dr. Thurnam, a committee was appointed to draw up forms for statistical tables. This was understood to be a suggestion from the Commissioners in Lunacy.

The resolution of which notice had been given by the Hon. Secretary was then brought forward. It led to an interesting discussion, during which Dr. Morel (who also spoke in fluent English) expressed his surprise, and that of the French physicians generally, at the present state of the English law as applied to lunatic criminals. Dr. Tuke's resolution was finally adopted in the following terms:—"At the seventeenth annual meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane it was resolved unanimously, That so much of the legal test of the mental condition of an alleged criminal lunatic which renders him a responsible agent because he knows the difference between right and wrong, is inconsistent with the fact, well known to every member of this meeting, that the power of distinguishing between right and wrong exists very frequently among those who are undoubtedly insane, and is often associated with dangerous and uncontrollable delusions."

After a cordial vote of thanks to the President and Fellows of the College of Physicians for their kind permission that the Association should meet at the College, the meeting was dissolved.

The members afterwards dined together at the Crystal Palace. Besides the foreign visitors, the following members of the profession were guests of the Association:—Dr. F. Hawkins, Dr. Copland, Dr. Bucknill, Dr. Sibson, Dr. Webster, Dr. Ogle, and Mr. Ernest Hart.

# Correspondence.

"Audi alteram partem."

## DEFEAT OF THE INDIAN MEDICAL SERVICE BILL.

*To the Editor of* THE LANCET.

SIR,—You have rendered a service to the Medical Department both of the Indian and Queen's Army, by procuring the defeat of the Indian Medical Service Bill, which must ensure for you the lasting gratitude of the medical officers of the army and the whole medical profession.

Alarmed by the sudden introduction of this mischievous and unjust Bill, I and one or two others—who are deeply interested in the welfare of a service to which we have given the best days of our life, but to which I no longer actively belong—proceeded to the House of Commons to ascertain the prospects of the Bill and the intentions of its promoters. We found it already in two or three days pushed half through committee. The languid and deserted House took no interest in what was regarded as a matter of detail in Government business; and a Government majority was at hand to stifle inconvenient opposition. Moreover, the measure had been introduced so suddenly and late in the session that no one had any information on the subject.

The appearance of your able leader on Friday morning, at the very nick of time—its transference to the columns of *The Times*, and quotation by Mr. Pope Hennessy in his spirited and sagacious opposition to the Bill, altered the aspect of affairs. The full meaning of the Bill was exposed, and its objects unveiled. Public opinion was effectually aroused, and the Bill was most happily but unexpectedly defeated.

The service which you have rendered to the medical department of the army does not consist simply in the rejection of the Indian Medical Service Bill, for the passing of that Bill would have led to other measures no less inimical to the real interests of the service by those who profess to be equally well satisfied with third-class as with first-class medical officers. The combatant officers and men of the army ought to feel no less deep obligation for the rejection of the Bill than the educated and respectable section of our profession. Third-class men may be most pliant in the hands of the autocrats in office, but it is doubtful whether they are acceptable to the officers and men in India and distant colonies—as now, for example, in New Zealand,—whose lives and limbs too often depend upon the quality of their medical attendants, and who have no appeal from one to another.

Do not cease, Sir, I pray, from endeavouring to bring the country and the profession to a sense of the true bearings of this question, which you have already so ably and successfully handled in the interests alike of soldiers and medical officers.

Believe me, Sir, with every expression of esteem,
Your faithful servant,
AN ARMY MEDICAL OFFICER, AND ONE OF MANY.

July, 1864.

*** We have received numerous communications of a similar character to that of our respected correspondent. We trust that public opinion, now successfully aroused, will not permit the Army Medical Department to remain long without complete satisfaction. The case of the medical officers of the navy is equally deserving of public and professional consideration.—ED. L.

## FATAL POISONING BY FISH (?).

*To the Editor of* THE LANCET.

SIR,—At this season, when fish is a favourite substitute for animal food, and, on account of the effect of heat upon it, is perhaps inadvertently partaken of when not quite fresh, I deem it right to draw the attention of your readers to the following case:—

On the 16th of the present month a gentleman, aged thirty-five, having partaken of mackerel, complained to a waiter that he "did not like the fish, and felt uncomfortable." During the subsequent two days he was not well, although able to come to town from his country residence as usual. On the 19th an eruption made its appearance on the skin, and he gradually became worse, and died on the 24th inst.

During the latter days of his illness, this gentleman was attended by a highly intelligent and experienced practitioner, and had been also twice seen by an hospital physician of repute. Neither of these gentlemen had ever seen a similar set of symptoms.

I visited the patient early on the morning of the 24th, the day on which he died. He was sensible, and recognised me on entering his apartment, but was restless and occasionally delirious; the pulse was quick, weak, small, irregular, and compressible; the tongue dry and brown; occasional hiccough. The whole of the cutaneous surface, excepting that of the face, was highly injected, exhibiting different shades of red; there was great œdema of the upper part of the thighs, the lower part of the abdomen and of the loins, with vesication of these regions; while the forearms, hands, legs, and feet were more or less covered with a layer of white cuticle, consequent on recent vesication. It was clear that the patient's end was nigh, and he expired on the ninth day after partaking of the mackerel.—I am, Sir, yours &c.,

New Broad-street, July 26th, 1864. C. F. MAUNDER, F.R.C.S.

## SYPHILIS AND PROSTITUTION IN AUSTRIA.

*To the Editor of* THE LANCET.

SIR,—In a communication to your journal a few months ago I gave some account of the system pursued by the Italian Government with reference to prostitution, and I beg to add now what information I was able to glean on this subject during a visit I lately made to Vienna. I found, somewhat to my surprise, that hitherto the Austrian Government had not interfered in this question; and that, however restricted their liberty in most ways, people were at least allowed to contract what diseases they pleased without let or hindrance. The Government, however, has of late had under serious consideration how it can best deal with the evil of syphilis—an evil which of course assumes great magnitude in a country where the army is of the first importance,—and the chief surgeons of Vienna have been consulted on the matter. The result of their deliberations has been decidedly in favour of bringing all prostitutes under police *surveillance*, as the only means of diminishing the extent of syphilis; and Professor Sigmund, who has charge of all the venereal wards at the great hospital, the Allgemeines Krankenhaus, furnished me with the programme on which the faculty had agreed as the proper basis for legislation, of which the following is a brief *résumé*:—

1. Prostitution is a necessary evil: it can never be suppressed, but must be regulated, as syphilis increases at an equal rate with prostitution.

2. Its regulation necessitates new and special laws.

3. The establishment of these laws and the strict supervision of their operation should be the special task of State government.

4. In Vienna, a sanitary police office should be established, provided with administrative police, and an able and well-paid staff, both medical and lay, to guarantee the efficient carrying out of the appointed laws.

5. Unlicensed brothels are objected to, as tending to the spread of syphilis, and offering no protection to the women.

6. Prostitutes defined.

7. All prostitutes without exception to be registered; and so long as their names appear in the police-list they are to be considered under police and medical control and inspection.

8. Every woman registered must appear at the office at stated times, and pay the regular taxes.

9. They must also undergo medical inspection at least twice a week.

10. The registered women shall not be restricted in their personal freedom more than is necessary for the main object in view.

11. Those who act as habitual prostitutes without being registered should be severely punished; and those registered who do not observe the regulations must also be punished according to the extent of their fault.

12. The punishments must be as fixed and certain as the rules, and especially should those be severely dealt with who lead the registered women into breaking the rules or who support them in so doing.

These opinions are not, perhaps, in accordance with those of the majority of English surgeons; but the belief in the utility of such measures in diminishing both the extent and the virulence of syphilis is very general on the Continent. Of one thing there is no doubt—namely, that the terrible cases which are not unfrequently seen in London hospitals are rarely met with abroad. And the reason is obvious: early treatment is not denied to any sufferer, and no distinction of persons is recognised in the matter of disease. In London, the scanty accommodation for venereal cases in our great hospitals practically excludes them; and the result is that the public health suffers accordingly, while public morality shows no corresponding improvement.

I am, Sir, your obedient servant,

Lewes, April, 1864. G. MACKENZIE BACON, M.D.

## THE MEDICAL OFFICER OF HEALTH FOR ST. MARYLEBONE.

*To the Editor of* THE LANCET.

SIR,—I have just had a copy of THE LANCET forwarded to me containing some remarks on the canvass for the successor to Dr. Dundas Thomson. I regret to learn that that gentleman is seriously ill. Yesterday, and again to-day, I have received two letters already asking for my support in favour of a gentleman, no doubt, of merit. My reply to both parties was, that I made it a rule, where the public is concerned, not to pledge myself beforehand; *this* before seeing your article. I quite agree with the general tone of your advice to the vestrymen, of whom I am one.

I am, Sir, your obedient servant,

Great Malvern, July 27th, 1864. WILLIAM WAKE.

# Parliamentary Intelligence.

## HOUSE OF COMMONS.

JULY 22.

### INDIAN MEDICAL SERVICE BILL.

The adjourned debate upon this Bill was resumed.

Mr. HENNESSY moved the addition of the following clause:—"Any person, being a natural born subject of her Majesty, who may be desirous of being appointed an assistant-surgeon in the said forces, shall be admitted to be examined as a candidate for such appointment." He believed that the right hon. gentleman and himself differed very little as to their opinions upon the subject, and his motion, if carried, would only put into the Act what the right hon. gentleman had declared to be the intention of the Government. His motion was taken verbatim from the existing law, and would prevent the exercise of arbitrary power which would be warranted by the Bill in its present form. The present Bill was only a device to cover the misconduct of the Government in reference to their treatment of these officers, for in respect to rank, pay, and general position they had been so badly treated that there was a difficulty in procuring officers in that department of the service. He would quote the opinion of that day's LANCET, a high authority in such matters:—

"Sir Charles Wood alleged on Tuesday night last in the House of Commons that competitive examinations for the army medical service had entirely failed, and has introduced an Indian Medical Service Bill which would do away with competitive examinations. We do not hesitate to declare that Sir Charles Wood has been completely misinformed on this subject, and has entirely misled the House. The examinations have been highly successful, and Sir Charles Wood could not have consulted either the civil profession or the army medical service, much less the examiners themselves, before he made the statement of their complete failure. They have only been a little too successful for the Government. They have interposed a check on the proceedings of the Horse Guards by affording an index of the depression in the quality and the number of the candidates which the uniform harshness, *morgue*, and injustice of that department have caused. They propose, then, to do away with competitive examinations; to destroy the index and silence the tell-tale. It is no doubt an ingenious device to cover the injury which they have done and are doing to the army; but it can only serve to increase the defect in the quality of the candidates, and to damage the efficiency of the service by admitting indiscriminately those whom the competitive examinations would have rejected, and such as were utterly inefficient. If the House of Commons would take the trouble to investigate the question at all, we feel assured that it would never consent to abolish the competitive examinations for the Army Medical Department. Mr. Longfield and Mr. Hennessy have rendered a public service in offering a spirited opposition to the progress of the India Medical Service Bill in its present form; and we hope that Mr. Hennessy will further master the details of the question, which will show how greatly such an abolition would be opposed to the best interests of the army."

As regarded the system of competitive examination, Sir John Lawrence in 1860 or 1861 said that its results had been within his own experience eminently successful. (Hear, hear.) He would ask the right hon. gentleman distinctly whether he was of opinion that the competitive examinations ought to be kept up. He wished to have an explicit answer, because they must not put their faith in Princes, much less Secretaries of State. (A laugh.) He begged to move the addition of the clause.

Colonel SYKES could not understand the objection which his right hon. friend entertained towards the clause, because it was almost word for word a portion of the Queen's proclamation to the people of India. He was glad to find that his right hon. friend had removed many of the grievances under which the old service had laboured. He thought that the new officers should be grafted upon the old service. He had heard that day that a native had been appointed to the office of judge of the

High Court of Bombay. That appointment did the right hon. gentleman great credit, and such a course would do more to conciliate the people of India than the neighbourhood of 80,000 bayonets, and for each such appointment the Government might rest assured that they might remove a regiment.

Sir C. WOOD could not allow the hon. and learned gentleman to imagine that he was averse from the principle of competitive examination, because he was the first to introduce the principle into this branch of the service by an Act which he passed in 1853. A return of the last three examinations, however, showed that for 90 vacancies there were 72 candidates, of whom only 50 succeeded in passing, so that the supply for the last eighteen months had fallen short of the demand by 40 men. What he proposed by the Bill was to enable the assistant-surgeons in the Queen's army, all of whom obtained their appointments by competition, to volunteer, if they so pleased, into the Indian service. Some remedy was absolutely called for, and the motion of the hon. and learned gentleman did nothing but restore a system which had already been found to fail. Sir John Lawrence stated that the medical service in Bengal was short by twenty officers, and that the deficiency elsewhere was still greater. He believed the Bill in its original form would be of great benefit to India, and he could not, therefore, consent to the addition of the clause proposed by the hon. and learned gentleman.

Colonel NORTH believed that the argument used by the hon. baronet would be a very good one if our own army found no difficulty in obtaining medical officers. The Government had been compelled to extend the age of admission, first to twenty-five, and latterly to forty; and now they had been compelled to introduce a new class of officers, entitled acting assistant-surgeons. The failure in the number of the candidates had partly arisen from the hard and unnecessary examinations which the candidates had been compelled to pass. On a former occasion he had been told that the system would be changed, and an increase of pay given to the medical department. He could not see how the deficiency in the Queen's service could be obviated by the assistant surgeons in that service volunteering into the Indian army. (Hear, hear.)

Dr. BRADY said that the competitive system had failed solely from the inferiority of the pay and treatment accorded to the medical service.

Sir J. TRELAWNY expressed himself in favour of the competitive system of examinations.

The House then divided, and the numbers were,—

| | |
|---|---|
| For Mr. Hennessy's motion ... ... ... | 11 |
| Against it ... ... ... ... ... | 31 |
| Majority against the motion ... ... | 20 |

The motion was consequently lost, and the Bill passed through Committee.

JULY 23.

INDIAN MEDICAL SERVICE BILL.

In the absence of Sir C. Wood, the third reading of this Bill was moved by Lord PALMERSTON.

Mr. HENNESSY said he had opposed the Bill at every stage, and it was rather singular that the right hon. gentleman who had charge of the measure was never in his place when the order was called. He was always out of the House when the discussion commenced. (Hear, hear.) On a former occasion he ventured to say it was irregular that an opposed Bill should be moved by any one except the minister in charge of it; and he now begged leave to ask the opinion of the Speaker on that point.

The SPEAKER said the right hon. gentlemen on the Treasury bench were responsible for such Bills.

Mr. BOUVERIE: It is an order of the House. (Hear, hear.)

Mr. CHILDERS said that the right hon. gentleman was within the House (a laugh), and would immediately be in his place.

(Sir C. Wood soon after entered the House.)

Mr. HENNESSY said that petitions had been addressed to the House by medical officers in her Majesty's Indian service, complaining that the Indian Government were treating them very badly. Only a few days ago a petition was laid on the table from the College of Surgeons, reciting the grievances of these gentlemen, the gist of the statement being that changes had been introduced by the Government to the disadvantage of medical officers belonging, not only to the Indian, but also to the Home service. Under these circumstances the number of candidates for medical appointments had declined in proportion as Government injured the service. In 1858 an Act was passed providing that all medical appointments in India should be given by open competition. The Secretary of State alleged that open competition had failed, because the number of candidates had fallen off; but that result was attributable, not to the failure of competition, but to the ill-treatment of the service. (Hear, hear.) The right hon. gentleman, instead of redressing the grievances of these medical officers, proposed to do away with open competition and to appoint an inefficient body of medical officers, thus endangering the safety of the Indian army. The Bill had been brought in late in the Session, and hurried through without opportunity being given for discussion in anything like a complete House. It proposed, in lieu of the present statutory regulation under which these appointments were made, to place an old and arbitrary power of selection in the hands of the Secretary of State. The right hon. gentleman said he intended to obtain medical officers for India from the Queen's army; but as they had been informed by the gallant officer near him (Colonel North), the army of the Queen itself was at this moment inadequately supplied with medical officers. The right hon gentleman asked them to repeal the only statute which established open competition, and then he said he would avail himself of a warrant by which such competition was established. But that warrant might at any moment be withdrawn, and, moreover, the provisions of the Bill made no mention of it whatever. He begged, therefore, to move that the Speaker leave the chair, in order that in Committee he might move the insertion of words which might make the Bill a useful measure.

Colonel NORTH, in seconding the motion of his hon. and learned friend, reiterated that the Queen's army, from which it was proposed to draw medical gentlemen for India, was now most insufficiently provided with medical officers. (Hear, hear.) If there was an army in the world which had a right to expect that no expense would be spared in supplying it with a proper medical staff, it was the British army. Some foreign armies might be more exposed to the bullet than ours was, but there was no army so much exposed as ours was to every kind of climate. It seemed to be utterly impossible to make any impression on the Government on that subject. Even the disastrous experience of the Crimean war, in which thousands and thousands of our men were sacrificed in consequence of the inadequacy of the medical staff, appeared to have been lost upon the Government. The medical service of the army was composed of a body of gentlemen who had never failed in their duty at home or abroad; but now, owing to the treatment these gentlemen received, medical men of good standing could not be got to enter the service, and the Government were obliged to resort to the introduction of an inferior class of men, who had never been found in such positions before. He protested on the part of the army against the manner in which the medical department had been treated, and unless something were done in the interval he would move an address to the Crown on the subject early next session.

Sir M. FARQUHAR wished to know from the Secretary of State for India whether or not he intended to do away with open competition. The refusal to answer that question distinctly created suspicion. He was informed on good authority that the competitive system had worked well in reference to the medical service in India. He had that day received no less than fourteen petitions from medical officers in India, complaining of the manner in which the Warrant of 1858 had been carried out as far as they were concerned. Young men of ability were at present deterred from entering the service, and vacancies could not be filled up without employing an inferior class of men. The service of a large body of competent medical officers might be secured if they had only some guarantee that their rights would not be tampered with.

Sir C. WOOD said that the hon. member who spoke last had mixed up matters which bore no relation to each other. He had said he had petitions to present from medical officers in India with reference to the Warrant of 1858, but he had entirely forgotten that there now lay on the table the copy of a despatch sent to India three or four months ago, and remedying the grievances of the existing medical service of India by putting it entirely on the same footing as to pay and allowances as the Queen's army occupied, according to the rank which the officers held. The hon. member said the object of the Bill was to get rid of the competitive system, and to introduce into the Indian service an inferior class of medical officers. The hon. gentleman must either not have heard or had forgotten the statements that he (Sir C. Wood) had made on three or four occasions in that House. The competitive system had not failed in the Queen's army at home, but it had failed in respect to the Indian army. That was, of course, before the improvements had been made in the condition of the medical officers in that country. The object was to get a better description of

men for the Indian service. All the assistant-surgeons entered the Queen's army by competition. It was not possible to introduce into the Bill all the regulations that would be necessary to be made, but those regulations would be laid before Parliament. The object of the Bill was to enable the Secretary of State to make certain regulations under which assistant-surgeons of the Queen's army might be induced to enter the Indian army, and he believed that the advantages of Indian service were now made so great that many officers would be induced to avail themselves of the opportunity held out to them. There could be no object in requiring two examinations in such cases. The assistant-surgeon passed a competitive examination upon entering the Queen's army, and it would be useless to call upon him to undergo a second and similar examination upon transferring himself to the Indian service. After these explanations, he trusted the House would assent to the third reading of the Bill.

Mr. MONSELL, having listened attentively to the speech of the right hon. gentleman, still entertained a belief that the object of the Bill was to get rid of a system which had been deliberately adopted by Parliament—the system of competition in the Indian medical service (hear, hear), and to substitute for it the arbitrary will of the Secretary of State. (Hear, hear.) That was not an object which the House should sanction. It was said that there was a difficulty in getting medical officers for the Indian service, and the right hon. gentleman told them that he was not going to get a worse class of officers than we had at present there. If so, there was no reason to depart from the present system. Let the right hon. gentleman hold out proper temptations, and there would be a hundred candidates for each appointment. Either there was no reason for the Bill or the standard of efficiency was to be lowered. If, as the right hon. gentleman assured them, he had introduced many important improvements in the condition of the Indian medical service, there would be a sufficient number of candidates at the next competitive examination. It was a mere question of demand and supply. If terms were proposed such as men of education could not accept, the right hon. gentleman would not get a sufficient number of proper candidates. The right hon. gentleman said he wanted to get assistant-surgeons from the Queen's army to enter the Indian service, but then they were told by the hon. and gallant officer opposite that there was a difficulty in obtaining a sufficient number of assistant-surgeons for the Queen's army. This proposition had filled him with alarm, because he knew that there lurked in many departments a dislike to the whole system of competition. He believed that if this Bill were carried, although he was quite sure the right hon. gentleman would not depart from his promises, yet in the course of a short time the competitive system would be destroyed root and branch. He implored the right hon. gentleman to withdraw the Bill, and not to endeavour in the last days of the Session, by means of a Government majority, to pass a measure which could not be fairly discussed now, and which appeared to be so opposed to a system which had received the sanction of Parliament.

Mr. LYSLEY joined in the appeal just made. The provisions of the Bill appeared to him to be clear to substitute a system of patronage for a system of competition. (Hear.) He protested against a Bill which professed upon its face to confer unlimited powers being explained by a promise that those powers should only be exercised within a certain limit. (Hear, hear.) If this Bill were passed, he agreed with the right hon. gentleman (Mr. Monsell) in thinking that it would be fatal to the system of competitive examinations. As to the want of candidates for the Indian service, that was to be traced to the inadequate inducements that were held out, and he thought that nothing would be so unwise as to deal in a niggardly spirit with medical officers in such a climate as that of India. Those arrangements which would procure the most efficient medical officers for our troops in India would, in the end, be by far the cheapest arrangements this country could make. (Hear, hear.)

Sir E. COLEBROOKE hoped the right hon. gentleman would not attempt to force the Bill through Parliament this session.

Colonel SYKES insisted that the competitive system, as regarded the medical service in India, had not failed. If this Bill passed, there would be three medical services in India. There could be no use for that. He hoped the Bill would be withdrawn.

Mr. CLAY thought if the object of the right hon. gentleman was so limited as he had stated, there could be no occasion for a Bill which would enable him to do so much more. If the improved condition and character of the service did not bring an increase of candidates, he might next session bring in a Bill to enable him to do what he wanted and no more. (Hear, hear.)

Mr. H. SEYMOUR hoped the Bill would be withdrawn. Would the right hon. gentleman lay the regulations on the table?

Sir C. WOOD could not lay the regulations on the table.

The House then divided, when there appeared—

| | | | | | | |
|---|---|---|---|---|---|---|
| Ayes | ... | ... | ... | ... | ... | 44 |
| Noes | ... | ... | ... | ... | ... | 46 |
| Majority | ... | ... | ... | ... | ... | 2 |

The order of the day was then discharged.

*Ayes.*

Ayrton, Acton Smee.
Baring, Rt. Hon. Sir F. T. (Portsm.)
Baring, Thomas Geo. (Penryn).
Bouverie, Rt. Hon. E. P. (Kilm'k.)
Bouverie, Hon. P. Pleydell (Berks).
Bruce, Rt. Hon. Henry Austin (Mer.)
Bury, Viscount.
Cardwell, Rt. Hon. Edward.
Childers, Hugh Culling Eardley.
Collier, Sir Robert Porrett.
Cowper, Rt. Hon. William F.
Craufurd, Edward Henry J. (Ayr).
Crawford, Robert Wygram (London).
Doulton, Frederic.
Fermoy, Lord.
Gibson, Rt. Hon. Thomas Milner.
Gilpin, Charles (Northampton).
Gladstone, Rt. Hon. William.
Goschen, George Joachim.
Gower, Hon. F. Leveson (Bodminster).
Grey, Rt. Hon. Sir Geo. (Morpeth).
Headlam, Rt. Hon. Thos. Emerson.
Howard, Hon. Chas. W. G. (Cumbld.)
Hutt, Rt. Hon. William.
Ingham, Robert.
Lewis, Harvey.
Locke, John.
Mackie, James.
Mackinnon, Wm. Alex. (Lymington).
Martin, Phil. Wykeham (Rochester).
Martin, James (Tewkesbury).
Morris, David.
Neate, Charles.
Newdegate, Charles Newdigate.
O'Hagan, Rt. Hon. Thomas.
Paget, Lord Alfred (Lichfield).
Paget, Lord Clarence (Sandwich).
Palmerston, Viscount.
Peel, Rt. Hon. Sir Robert (Tamworth).
Peel, Rt. Hon. Frederick (Bury).
Shelley, Sir John Villiers.
Tollemache, Hon. Fred. Jas. (Grant.)
Villiers, Rt. Hon. C. Pelham.
Wood, Rt. Hon. Sir Chas. (Halifax).
Tellers: Mr. Brand and Sir William Dunbar.

*Noes.*

Astell, John Harvey.
Aytoun, Roger Sinclair.
Beaufoft, George Skirrow.
Bramston, Thomas William.
Briscoe, John Ivatt.
Brooks, Robert.
Burrell, Sir Percy.
Butler-Johnstone, Hen. A. (Cant.)
Cecil, Lord Robert.
Clay, James.
Clifton, Sir Robert Juckes.
Colebrooke, Sir Thomas Edward.
Cox, William.
Duff, Mount. Elph. Grant (Elgin).
Farquhar, Sir Minto.
FitzGerald, William R. S.
Fleming Thomas Willis.
French, Colonel.
Gard, Richard Sommers.
Greene, John.
Hadfield, George.
Hamilton, Major (Linlithgow).
Hay, Sir John Charles Dalrymple.
Howes, Edward.
Jermyn, Earl.
Lefevre, George John Shaw.
Lennox, Lord Henry G. (Chichester).
Lowther, Hon. Col. (Westmoreland).
Lyall, George.
Lysley, William John.
Moffat, George.
Monsell, Rt. Hon. William.
Moor, Henry.
Naas, Lord.
Nicol, William.
Pakington, Rt. Hon. Sir John.
Powell, Francis Sharp (Cam. Bo.)
Selwyn, Charles Jasper.
Seymour, Henry Danby (Poole).
Somes, Joseph.
Sortees, Henry Edward.
Sykes, Col. William Henry.
Taylor, Col. (Dublin Co.)
Taylor, Peter Alfred (Leicester).
Torrens, Robert.
Williams, William (Lambeth).
Tellers: Mr. Hennessy and Colonel North.

*** The attention of the profession may well and profitably be given to this list. It shows, at least, who are the friends of the service; and many of our readers will see with regret the names of various persons among the "Ayes" who might have been expected to vote with the "Noes." The affairs of the army and navy medical service and this division list are things to be remembered at the next general election.—ED. L.

## THE LLEWELLYN MEMORIAL FUND.

THE following subscriptions have been received by the Committee on behalf of the above Fund in addition to those announced in THE LANCET of last week:—

| | £ | s. | d. |
|---|---|---|---|
| Amount already acknowledged ... ... | 51 | 17 | 6 |
| J. Prince, Esq. ... ... ... ... | 1 | 0 | 0 |
| E. Hyde, Esq. ... ... ... ... | 1 | 1 | 0 |
| Rev. R. W. Sibthorp ... ... ... | 2 | 0 | 0 |
| J. M. Heward, Esq. ... ... ... ... | 0 | 10 | 6 |
| J. W. Allin ... ... ... ... ... | 0 | 5 | 0 |
| *By* Dr. WIBLIN, *Southampton.* | | | |
| R. Semmes, Capt. C.S. Navy ... ... | 1 | 1 | 0 |
| B. K. Howell, Lieut. C.S. Marines ... | 1 | 0 | 0 |
| Irwin S. Bullock, Master C.S. Navy ... | 1 | 1 | 0 |
| J. C. Caddy, Esq., Gunner C.S. Navy ... | 1 | 1 | 0 |

THE HOSPITAL FOR STONE.—We have great pleasure in announcing that Mr. Walter Coulson has ceased to have any connexion with the Hospital for Stone. We congratulate Mr. Walter Coulson on this concession to public opinion and private feeling, and wish him success in his future career. To retreat in such a case requires more moral courage than to persevere, and he has shown the truest courage in retracing his steps.

# Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 26th inst.:—

Blair, Charles Edward, Wandsworth.
Bewer, Alexander Hampton, Victoria, Monmouthshire.
Collier, Thomas, Bridgend, Glamorganshire.
Corey, George, Basingstoke.
Craigie, John Hamilton, Finsbury-square.
Daglish, Richard Rothwell, Wigan.
Davies, Thomas Henry Whitehouse, Stroud.
Divelly, Henry James, Wandsworth.
Duke, John Challen, Leominster, Sussex.
Fisher, John Moore, Hull.
Gill, George, Liverpool.
Gornall, John Hankinson, Liverpool.
Hedley, John, Newcastle.
Hills, George Henry, Old Kent-road.
Laffan, Thomas, Dublin.
May, Augustus Square, Plymouth.
More, James, Rothwell, Northamptonshire.
Morris, Thomas Henry, Spalding.
Rood, Walter Hugo, Tiverton, Devon.
Renton, William Matthew, Shotley Bridge.
Roberts, John Coryton, Peckham.
Savage, George Henry, Brighton.
Turner, Frederick, Buxton.
Vise, William Foster, Spalding.
Wraith, John Hargreave, L.S.A., Over Darwen.

The following gentlemen were admitted Members on the 27th inst.:—

Bailey, William, L.S.A., Tipton, Staffordshire.
Barnes, Henry, Wigton, Cumberland.
Collingwood, Joseph Edward, Corby, Lincolnshire.
Fairbank, Thomas, Islington.
Fyson, Ernest Last, Exning, near Newmarket.
Goddard, Richard Carter, Stockport.
Harding, William Henry, Wormley, Herts.
Lawrence, Henry Crip, s, Surbiton.
Martin, Paulin, L.S.A., Abingdon.
Morgan, Lewis Wayne, Hafod, Glamorganshire.
Nivison, Thomas Renny Strachan, Edinburgh.
Renton, David, M.D., Madeira.
Richardson, James Francis Hamilton, Down, Kent.
Roberts, Thomas Edward, Gibraltar.
Rogers, Charles Edward Heron, Westmeon, Hants.
Shearwood, Joseph Hiram, Spilsby, Lincolnshire.
Turner, Ebenezer Fulham, Upper Clapton.
Wilmot, Alfred Edward, Ryde, Isle of Wight.
Wilson, Stephenson Moreton Wightman, Mowsley, Leicestershire.
Wood, William Thomas Hurd, Notting-hill.
Wright, Charles James, Wakefield.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst.:—

Henderson, Roderick William, Lower Halliford, Middlesex.
Jackson, Richard, Birmingham.
Knipe, William Melville, Guy's Hospital.
Lucey, William Cubitt, Bermondsey.
Mason, Philip Brookes, Burton-on-Trent.
Ruttledge, William Frederick, London Hospital.
Yates, William, Richmond-green.

The following gentlemen also on the same day passed their first examination:—

Denziloe, William Le Gros, St. Mary's Hospital.
Jones, William Griffith, Middlesex Hospital.
Land, William John, St. Mary's Hospital.
Murphy, Thomas Charles, University College.
Worthington, James Copland, Middlesex Hospital.

[In the list published in THE LANCET of the 16th inst., *for* "Albert Egerton Hall" *read* "Albert Egerton Hale."]

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following candidates passed the major examination on the 26th inst. as Pharmaceutical Chemists:—Robert Appleton, Sheffield; Edward Berdoe, London; John Bingley, East Retford; James Chambers, Belper; James Faulkner, London; George R. Gowland, Sunderland; William H. Griffith, Bristol; William Hickman, Maidstone; John Thos. Mayfield, Wolverhampton; Henry Norrish, Crediton; Frederick R. Pasmore, London; and John Watts, London.

CRIMEAN MEDICAL OFFICERS.—A monument is about to be raised, near the Royal Victoria Hospital at Netley, to the memory of the medical officers—seventy in number—who lost their lives on service during the Crimean campaign. It will be of Gothic design, fifty feet in height, and will occupy a commanding position on the banks of the Southampton water. His Royal Highness the Prince of Wales has signified his intention to lay the foundation-stone of the monument on Monday, the 1st of August next.

MR. POPE HENNESSY.—The member for King's County, who rendered such good service to the profession by leading the opposition to the India Medical Service Bill, has already on more than one occasion shown his interest in the medical profession. It will be remembered that it was his amendment on the Irish Registration Bill that substituted medical practitioners for the constabulary as registrars. We believe that Mr. Hennessy was educated for the profession of medicine, and passed through the classes with considerable distinction.

ARRIVAL OF DR. LIVINGSTONE.—This distinguished African traveller arrived by the Paris express train at the Charing cross Railway Station on Saturday evening last.

PUNISHMENT FOR ASSAULTING A SURGEON.—A private of the 1st battalion of the 19th Regiment, stationed at Jullundur in the East Indies, has been sentenced to penal servitude for life for striking an assistant-surgeon in his cell when a prisoner. The sentence has been confirmed by Sir Hugh Rose.

THE INVERNESS DISTRICT LUNATIC ASYLUM has been recently opened. Accommodation is provided for 350 patients. The hospitals and infirmaries for the male and female patients are detached buildings, each hospital being fitted up for forty inmates.

THE LEEDS HOSPITAL FOR WOMEN AND CHILDREN.—Mr. J. Ingham Ikin, one of the surgeons of this institution, who has been well known for many years to be a most active supporter of all schemes of benevolence, has suggested the foundation of one or two wards in this institution for the reception of cases of consumption. He thinks that some of the wards are capable of being economically used for carrying out the proposed important extension of the plan of the hospital. The following table from the Registrar-General's returns shows that the West Riding of Yorkshire, and Leeds in particular, are peculiarly subject to mortality from this cause:—

| — | Population, 1861. | Deaths from Phthisis. | | | Average annual rate of mortality to 1000 persons living from Phthisis. |
|---|---|---|---|---|---|
| | | 1860. | 1861. | 1862. | |
| Eng. & Wales | 20,066,224 | 51,024 | 51,931 | 50,962 | 2·56 |
| West Riding | 1,530,007 | 4,149 | 4,212 | 4,416 | 2·78 |
| Leeds ..... | 117,566 | 338 | 307 | 352 | 2·82 |

As there is a large surplus remaining on hand of the Leeds subscriptions to the Lancashire Distress Fund, and which it is proposed to devote to local charities, Mr. Ikin has strongly urged the application of a portion to this purpose.

MIDDLESEX HOSPITAL.—The annual distribution of prizes took place on the 25th instant, Lord Radstock in the chair.

*Prizes and Certificates of Honour awarded to First-year's Students.*—Summer Session, 1863: Mr. Charles Wills, first prize; Mr. Vincent Edmund Noel, second prize. Certificates of Honour—Materia Medica: Messrs. Charles Wills, John Swindale, Vincent Edmund Noel, and Alfred Jones. Botany: Messrs. Charles Wills, Vincent Edmund Noel, and James Worthington (prize for Herbarium). Practical Chemistry: Messrs. Vincent Edmund Noel, Charles Wills, John Swindale, and James Frederick Cadle.—Winter Session, 1863–64: Mr. John Coyte Bailey, first prize; Mr. John Hornsey Casson, second prize. Certificates of Honour—Anatomy: Messrs. John Rees James, John Coyte Bailey, John Hornsey Casson, Horace Chaldecott, and William Draper. Physiology: Messrs. John Coyte Bailey, John Hornsey Casson, Wm. Wilberforce Smith, and William Draper. Chemistry: Messrs. John Rees James, John Hornsey Casson and John Coyte Bailey (equal), Horace Chaldecott, and William Draper.

*Prizes and Certificates of Honour awarded to Second-year's Students.*—Summer Session, 1863: Mr. Henry Wm. Freeman, first prize; Messrs. George Clements and Robert King, second prize. Certificates of Honour—Midwifery: Messrs. William Henry Freeman, George Clements and Robert King (equal), and Horace Basan. Medical Jurisprudence: Messrs. George Clements, Robert King, Henry William Freeman, and Horace Basan.—Winter Session, 1863–64: Mr. Charles Wills, first prize; Mr. John Swindale, second prize; Mr. Vincent Edmund Noel, third prize. Certificates of Honour—Medicine: Messrs. Charles Wills, Vincent Edmund Noel, and John Swindale. Surgery: Messrs. John Swindale, Chas. Wills, Vincent Edm. Noel, and Henry Sissmore Shaw. Anatomy: Messrs. Charles Wills, Vincent Edmund Noel, John Swindale, and Richard Morgan Williams. Physiology: Messrs. Chas. Wills, Vincent

Edmund Noel, John Swindale, and Richard Morgan Williams. Pathology: Messrs. John Swindale, Vincent Edmund Noel, and Charles Wills.

Prize offered by the Medical Society for the best Paper of the Session: Mr. Henry William Freeman. — Prizes awarded to Third year's Students: Clayton Prize for Comparative Anatomy, Mr. Charles Wightwick Pitt and Mr. Vincent Edmund Noel (equal). First prize in Clinical Medicine, Mr. George Clements; second prize ditto, Mr. Edward Norton. First prize in Clinical Surgery, Mr. George Clements; second prize ditto, Mr. Edward Norton. — Governors' Prize (for the best Reports in Clinical Medicine and Surgery, and for General Excellence): Mr. Henry W. Freeman. — Honorary Certificates of General Good Conduct and Diligence: Messrs. Horace Basan, Alfred Bick, Henry Parry Chandler, George Clements, Henry Cribb, John Swinburn Dickenson, Henry William Freeman, Robert King, Anthony John Newman, Edward Norton, John Ring, Charles E. H. Rogers, Ebenezer Snell, William Foster Vise, Albert Waymouth, and W. John Wey.

MEDICO-CHIRURGICAL SOCIETY, ABERDEEN. — At a meeting of this Society the subject of students of medicine becoming apprentices of medical practitioners was brought under notice, and it was agreed to refer the matter to a committee to consider and report. At a subsequent meeting the committee's report was brought up and agreed to as follows:—On the general question of medical apprenticeships your committee would remark that the system cannot be regarded as holding, in the present state of the profession, the same important place as it did in the memory of many of our number, when in the majority of cases it was the only means of providing for the effectual study of the several branches of medical education. In the present day, the full organization of numerous efficient schools of medicine, the greater facilities afforded in hospitals for the training of students, and the system of examination now in force, as well in the ordinary courses of lectures as preparatory to the granting of degrees and licences, have, in the general judgment of the profession, provided so complete a system of imparting knowledge, of stimulating the exertions of the students, and of testing their abilities, that it is now comparatively rare to find a medical man laying himself out for taking apprentices. Your committee feel that at present the tendency of public opinion is so decidedly against the *general* adoption of the apprenticeship system, that it may safely be left to students themselves, and to those who have a personal interest in their education, to judge of the cogency of the arguments to recommend it in particular cases. The practical good sense of the parties most directly concerned may be held a safe guide, when no undue influence is brought to bear on them; and your committee repudiate the idea that any member of this Society would use his social or professional influence for such a purpose. In Aberdeen especially, as the seat of an important medical school, in which a large proportion of those practising here are employed as examiners for degrees, both the profession and the public at large are naturally suspicious of any influence which might possibly be supposed to interfere with the impartial discharge of these official duties. In this very sensitiveness, however, on the part of the public, there is so ample a corrective of any unconscious bias of personal regard, that your committee believe the credit of our Aberdeen degrees never stood higher than at present. The admitted status of the graduates of our University, and the high position many of them have taken before other examining boards, are the best indications both of the efficiency of its teaching and of the stringency of its examinations. If additional security is still required, we have it in the appointment, under the late ordinances of the Universities' Commissioners, of extra-professional examiners, to be changed from time to time; and in the circumstance—which your committee think ought to be generally known—that the medical faculty of the University, who have long followed the rule that no professor should examine his own son, have recently adopted the same practice in regard to apprentices and private pupils.

## MEDICAL VACANCIES.

Queen's College, Birmingham—Professorships of Medicine and of Anatomy.
Metropolitan Convalescent Institution—Honorary Physician, vice Dr. W. Bell, deceased.
St. George's and St. James's Dispensary—Accoucheur, vice Dr. W. Williams, resigned.

## MEDICAL APPOINTMENTS.

W. P. BRABAZON, M.D., has been elected Medical Officer and Public Vaccinator for the Lymm District of the Altrincham Union, Cheshire, vice H. Simpson, M.D., resigned.

J. H. EDWARD, M.R.C.S., has been appointed Junior House-Surgeon to St. Mary's Hospital, Manchester, vice W. G. Ormerod, M.R.C.S.

J. S. SEQUEIRA, M.R.C.S.E., of Leman-street, Goodman's-fields, has been appointed Medical Officer and Public Vaccinator for the South-West District of the Whitechapel Union.

D. SMITH, M.D., has been elected Medical Officer and Public Vaccinator for the West District and the Workhouse of the Buntingford Union, Herts, vice R. G. Powell, M.R.C.S.E., deceased.

W. H. C. TEIXEIRA, M.D., has been elected Medical Officer and Public Vaccinator for the Wingate District of the Easington Union, Durham, vice R. Wilson, M.D., resigned.

J. WATSON, M.D., has been elected Medical Officer and Public Vaccinator for the North-West District of the City of Edinburgh, vice J. Cappie, M.D., resigned.

J. F. WILKIN, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Frittenden District of the Cranbrook Union, Kent, vice John Penkivil, M.R.C.S.E., resigned.

## MILITARY AND NAVAL MEDICAL APPOINTMENTS.

P. M. ALLAN, M.D., has been appointed Assist.-Surg. to the 1st Perthshire Rifle Volunteer Corps.

J. ANDREWS, M.D., Surgeon R.N. Jan. 26th, 1855, has been appointed to the "Frederick William."

F. H. BEAZALL, M.D., Surgeon R.N. May 10th, 1856, has been appointed to the "Urgent."

P. DOWNER, M.D., has been appointed Hon. Assist.-Surg. to the 13th Cheshire Rifle Volunteer Corps.

C. FORBES, M.D., Surgeon R.N. April 14th, 1853, has been appointed to the "Cambridge."

W. GRANT, Acting Assist.-Surg. R.N., has been appointed to the "Warrior."

J. HENRY, M.D., Surgeon R.N. Feb. 24th, 1855, has been appointed to the "Aboukir."

W. G. HILL, L.K.Q.C.P.I., Surgeon R.N. April 15th, 1862, has been appointed to the "Clio."

F. B. HURLEY, M.D., Assist.-Surg. R.N. April 15th, 1861, has been appointed to the "Meander."

J. W. JOHNSTON, M.D., Surgeon to the 85th Foot, having completed twenty years' full-pay service, has been promoted to Surgeon-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

G. KELL, Assist.-Surg. R.N., has been appointed to the "Urgent."

J. B. KENNEDY, M.R.C.S.E., has been appointed Assist.-Surg. to the 3rd Essex Artillery Volunteer Corps.

J. LOANE, M.R.C.S.E., has been appointed Assist.-Surg. to the 1st Administrative Batt. of Tower Hamlets Rifle Volunteers.

R. W. MEADE, M.R.C.S.E., Assist.-Surg. to the 89th Foot, has been appointed Staff Assist.-Surg., vice Gregory, placed upon half-pay.

S. MORRIS has been appointed Hon. Assist.-Surg. to the 49th Lancashire Rifle Volunteers, vice T. Morris, deceased.

W. E. O'BRIEN, Surgeon R.N. May 10th, 1856, has been appointed to the "Wasp."

P. O'CONNOR has been appointed Staff Assist.-Surg. Army.

# Births, Marriages, and Deaths.

## BIRTHS.

On the 16th inst., at Fulford, near York, the wife of H. Sherlock, M.R.C.S.E., Assist.-Surg. 8th Hussars, of a daughter.
On the 17th inst., at Alford, Lincolnshire, the wife of R. Lanphier, M.B.T.C.D., of a daughter.
On the 20th inst., at Berkeley-gardens, Campden-hill, the wife of Thos. Joyce, M.R.C.S.E., of a daughter.
On the 21st inst., at Clarence-place, Penzance, the wife of J. P. Montgomery, M.D., of a son.
On the 23rd inst., at Eagle Hall, Southgate, the wife of Dr. T. E. Watson, of a daughter.
On the 23rd inst., at Clifton-terrace, Maida-hill, the wife of Henry F. Bate, M.D., of a son.
On the 26th inst., at St. Germain's-terrace, High-road, Lee, the wife of Wm. L. Shine, M.R.C.S.E., of a daughter.
On the 26th inst., at the Lodge, Aylsham, Norfolk, the wife of James W. Saunders, Esq., of a son.
On the 26th inst., at Lower Norwood, the wife of J. Sharman, M.R.C.S.E., of a son, who survived but a short time.

## MARRIAGES.

On the 20th inst., at the Parish Church of Tor-Torquay, Thomas Gambier M.R.C.S.E., of Okehampton, Devon, to Ellen, youngest daughter of the late J. W. Wood, Esq., of St. Mark's-crescent, Regent's-park.
On the 21st inst., at Christ Church, Highbury, H. W. Hughes, M.R.C.S.E., of Fenchurch-street, to Louisa, daughter of W. Shelburne, Esq., of Highbury-crescent.
On the 23rd inst., at St. Marylebone Church, Wharton P. Hood, M.D., of Lower Seymour-street, to Mary Gordon, daughter of John Propert, Esq., of New Cavendish-street.
On the 23rd inst., at Christ Church, Paddington, Wm. Evans, M.R.C.S.E., Surgeon R.N., to Mary, daughter of the late M. Bloxam, Esq., of Gilmorton, Leicestershire.

## DEATHS.

In June, R. G. Powell, M.R.C.S.E., of Buntingford, Herts.
On the 17th inst., J. A. Bateman, M.R.C.S.E., of High-street, Shadwell, aged 46.
On the 23rd inst., Wm. Bell, M.D., of George-street, Hanover-square.
On the 23rd inst., at Grosvenor-terrace, Warwick-square, G. W. Steward, M.B., M.A., aged 28.
On the 25th inst., at Lowestoft, of scarlatina after her confinement, Kate, the wife of James Ray, M.R.C.S.
On the 26th inst., at Torriano-avenue, Camden-town, G. Furber, M.R.C.S.E., formerly of Malpas, Cheshire, aged 70.

# To Correspondents.

THE SAMARITAN HOSPITAL.

AN unseem'y squabble has taken place at this institution. It is not worthy of any lengthened notice; but we may say that we consider that a correct decision was arrived at. An immense majority of the governors have decided that the surgeon shall no longer have the exclusive right of operating in certain cases; but that "all operations be performed either by the surgeon or one of the physicians of the hospital, according to the day on which the patient makes application for admittance." Now, as each of the physicians of the place also holds a surgical qualification, it is just, we think, that they should be allowed to operate. This is more especially the case since the operation chiefly referred to is ovariotomy—first performed, and still being performed, by physicians.

*T. T.*, (Devoniensis.)—A solution of the permanganate of potash has been used with much benefit in the local treatment of sloughing and gangrenous sores. It would appear to have some power in arresting disorganization in living tissues, and in exciting the vital action of structures tending to decay.

"WESTWARD HO!"

*To the Editor of* THE LANCET.

SIR,—Many thanks for the very able manner in which you have advocated the adoption by the College of Physicians of the *ad eundem* licentiateship. I am afraid that most of those who have lately written in opposition have not paid careful attention to your leading article of July 9th; for there the whole question is done ample justice to, and the arguments are to the point, which is more than can be said in favour of those used by several of the gentlemen who have written adversely on the subject.

I still continue to place prominently before the profession two propositions:—

1st. That it is most desirable that the general practitioners' licence in Medicine should be obtained from the College of Physicians, instead of from the Apothecaries' Society.

2ndly. That it is also highly desirable that there should be but one set of examinations to qualify a man for general practice.

I fully believe that the carrying out of my suggestion will thoroughly effect the above objects, and that success is only to be obtained by an extended *ad eundem* admission at a fee merely sufficient to defray the expense incurred; this last point being one of vital importance.

In the memorial sent up from Brighton, the holding of the Apothecaries' licence, and the being in possession of it on the 1st of July, 1864, were merely taken as something definite to start from, which could afterwards be modified according to the pleasure of the Council of the College; the principle sought to be established being based on the two propositions laid down in this letter.

I have not a word to say against the Examiners of the Society of Apothecaries. They have always done their duty well; but, if my memory serves me faithfully, they have more than once offered to surrender their powers if a proper substitute as an examining body could be found.

I have the utmost confidence that the question will meet with the fullest and fairest consideration from the College of Physicians; and relying on the powerful support it has had from the medical press, and the manner in which it seems to be received by the profession, I boldly prognosticate that the ayes will have it.

It will greatly add to the obligations we are already under to you, Sir, if you will kindly draw up and print in your next number a short form of memorial in the terms of the leading article in THE LANCET of July 9th, which form can be copied by any of your readers who are favourable to the movement. To the gentlemen who are desirous of opening up the question of admitting graduates to the *ad eundem* licence, I would say that the first thing to be done is to get the *ad eundem* principle recognised in favour of the apothecaries, in the event of this principle being admitted by the College. The following complete scheme might then be considered, and, if adopted, would leave nothing to be desired:—

To be eligible for *ad eundem* admission to the licentiateship—

1st. All holders of the Apothecaries' licence who may have held such licence on the 1st of July or the 1st of January, 1864.

2nd. All members of the College of Surgeons and licentiates of the Society of Apothecaries who may be so *doubly* qualified on or before the 1st of January, 1865.

3rd. Graduates of a British University holding a degree in Medicine on the 1st of January, 1865.

The above three classes should be admitted on payment of a small fee.

4th. Graduates of a British University who shall take a degree in Medicine after the 1st of January, 1865, on payment of the *usual fee*.

To be eligible for the *ad eundem* membership—

Graduates of an English University at all times to be admitted to the *ad eundem* membership on payment of the *usual fee*; of course subject to the bye-laws of the College.

When most probably—

Graduates of the Scotch Universities will be admitted *ad eundem* members of the Edinburgh College of Physicians, and graduates of the Irish Universities to the *ad eundem* membership of the Dublin College of Physicians.

Then the reciprocity of practice established by the Medical Act comes fully into play, and squares up all differences.

This scheme I beg respectfully to submit to the College of Physicians and the profession for future consideration.

I remain, Sir, your obedient servant,

Brighton, July, 1864. R. F. B. TAAFFE, M.B., M.S. Lond.

*To the Editor of* THE LANCET.

SIR,—That doctors differ has long since passed into an over-trite proverb, and it was not to be expected or even desired that the measure at present *sub judice* should pass unchallenged into law.

The opponents of this liberal and comprehensive scheme are rather loose in their arguments and in their English; and whilst it is impossible to answer them in detail, you may perhaps permit me to reply generally, and again to occupy a short space in the forthcoming LANCET.

A prime argument appears to be that it would be unjust to grant an *ad eundem* licence to gentlemen who might, but did not, obtain it by examination. Let it be granted. But does it not strike those sons of Aristides that to ask a favour is one thing, but to ask a favour clothed with manifold conditions is another and by no means so decent a thing. To look a gift horse in the mouth is ungracious, but to look the horse in the mouth before he is given is unwise. Doubtless the College of Physicians will be too jealous of its honour to grant the boon to those who sought the purlieus of Union-street after the institution of the new order of licentiates.

To answer the silly sneer of one gentlem n who expects us further to demand the M.D. of a University is unnecessary.

To explain why we dislike the name of apothecary is candidly to confess that, as educated English gentlemen following a learned profession, we wish a tighter cordon to be drawn between medicine as a trade and medicine as a profession.

No one denies the Apothecaries' Society has done good service in its day (which is past); but to adduce from that fact an argument for continuing our allegiance is like wishing to retain feudalism because the barons of our English John penned Magna Charta.

I consider that if the great body of the profession can affiliate itself to its natural head in terms honourable to all, it will have achieved the greatest good the last half century has seen. We shall exchange a connexion with a petty trading guild for a bond with an august and venerable body; we shall regard our *alma mater* with pride instead of pain; and we shall remove a stigma from our calling which weights us with a heavy social incubus.

I remain, Sir, yours faithfully,

Cheltenham, July, 1864. A. FLEISCHMANN, M.R.C.S., L.S.A.

*To the Editor of* THE LANCET.

SIR,—I am, and so will many be no doubt, annoyed with a letter in your journal, signed F. R. Fairbank. He, of course, is a juvenile in the profession, and thinks he knows more than anyone else.

Now, every practitioner must be aware of the searching examination of the Apothecaries' Hall. Look what it was five-and-twenty or thirty years ago, when it was considered (and I may say dreaded) by all as the most searching examination extant, and there were more rejections at this little Hall than at all the examining boards in London. What would those hoary-headed men think who worked hard and passed this honourable examination, and became eminent in their profession as teachers and examiners, on reading such a letter as the above? They would tell the world that they had known both doctors of medicine and physicians, to say nothing of those *new* L.R.C.P.s, which are neither one thing nor the other, holding their diplomas when they could not tell you how to make a preparation in the Pharmacopœia, neither could they give you a history from the materia medica.

Let me call upon our profession to support the dignity of our Rhubarb Hall, and tell the wide world that it alone has done more to advance knowledge and to raise the standard of the medical profession than all the examining boards in the country. It was the only gate that prevented the uneducated from getting into the profession; and as it required a five years' apprenticeship to a qualified practitioner, it gave you the best foundation to commence your profession; and I must certainly say that I look back with pleasure on that five years as the best spent of any in my life.

In conclusion, I can only say to the humble apothecary, that your position is good and honourable, and that the College of Physicians of London ought to be proud to have an opportunity of enlisting you into its numbers.

I am, Sir, yours, &c.

Manchester, July, 1864. M.D., F.R.C.S., L.S.A., L.R.C.P.

*To the Editor of* THE LANCET.

SIR,—As the question of *ad eundem* degrees with reference to the College of Physicians is now being discussed, permit me to suggest that it would be a great boon to University graduates if the membership was conferred by simply paying the usual fee. Surely the Council ought to be satisfied of the efficiency of our University graduates without compelling them to come to town at very great inconvenience and expense. To many (myself included) it presents an almost insurmountable barrier. I trust, Sir, you will give your powerful aid to this much-wanted act of reform.

I am, Sir, yours, &c.,

July, 1864. M.D.

P.S.—I need hardly add that those practising as pure physicians require the membership more than the L.R.C.P.

*Tally Ho.*—No regular standard work on the Agriculture of Canada has ever been published. A small work, entitled "First Lessons in Scientific Agriculture," has lately emanated from the pen of J. W. Dawson, F.R.S., LL.D., and published by John Lovell, of Montreal. Further information upon the subject could be obtained of Mr. Dawson, Bookseller, Cannon-street, City.

*Hepar.*—Recent inquiry leads to the inference that the yellow coloration of the skin met with in yellow fever, and usually attributed to the colouring matter of the bile, is really due to hæmatoidin.

*A Subscriber.*—He cannot legally assume the title of Doctor of Medicine. It is doubtful, however, whether he could be punished for the offence.

*Mr. James George Parsons, Physician.*—The facts to which our correspondent calls our attention are too well known to be repeated.

FOUND, A MEDICAL LACQUEY.

*To the Editor of* THE LANCET.

SIR,—Strangely offensive as the advertisement quoted in your last impression may appear, I beg to assure you that it is by no means an isolated piece of impudence.

In March last I was requested to take a similar appointment. The Lodge contained fifty members, and, as a great inducement, I was informed that none lived beyond three miles from the Lodge (which being two miles from my house, many of the members would be five miles from me), and for the best attention, which is always expected in these cases, I was to receive the munificent sum of three shillings per member per annum!

Incredible as it may seem, these terms were agreed to by a *gentleman* whose name appears in the Medical Directory! I leave the medical profession to calculate that gentleman's profit after honestly attending these people twelve months.

Is it to be wondered at that the world should think so little of us when we think so little of ourselves?

I remain, Sir, your obedient servant,

July, 1864. M.R.C.S.

### HAY FEVER.

*To the Editor of* THE LANCET.

SIR,—From the numerous communications lately published in your columns, which have been called forth by the appeal of "A Friend to THE LANCET," one can form some idea how active is the sympathy and interest excited in the professional mind by this subject. Pity for the sufferings of a fellow-creature is always increased by a consciousness of inability to contribute to his relief. Unhappily the latter source of sympathy for the victim of hay fever must be admitted to obtain very generally. For if the etiology and pathology of the disease are uncertain or obscure, or at the least undetermined, in therapeutics it would certainly seem that we have nothing to guide us—no well-defined scientific principle of treatment by which we can animate the hope of a patient for complete arrest of his present sufferings, or any means of shielding him from the future assaults of his malady.

Mr. Perry's description of a paroxysm of this disease is most graphic as far as it goes, but he does not pourtray a very severe seizure; for I have seen spasmodic cough, difficult and wheezing respiration, and some of the other characteristic signs of true asthma, from which disease, in this aggravated form, the differential diagnosis is only established by periodicity of the attack, by perfect immunity from all constitutional and physical signs of bronchial affection during the intermission, and by presence of the peculiar discharge from the nose and eyes.

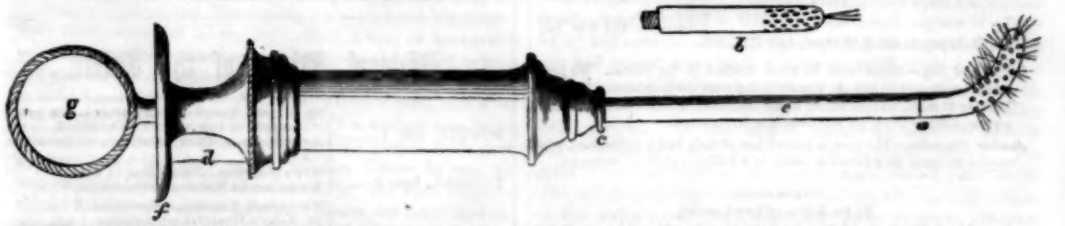
Mr. Jones's synopsis of medical opinions and methods of treatment is interesting and instructive. While it sets forth the variety and opposite character of the former, it exposes the paucity, empiricism, and uncertainty of the latter. Opium, cinchona, quinine, belladonna, henbane, iron, kreasote, phosphoric acid, chlorodyne, cod-liver oil, and port wine, either singly or in combinations of two or more, are the internal remedies which he catalogues. From this list I remark the omission of iodide of potassium, from the use of which I think that I have sometimes obtained satisfactory results. The local application of nitrate of silver, belladonna, zinc, opium, salt, the fumes of chloroform, camphor, ammonia, chlorine, and tobacco also meet with strong advocacy; while abstinence from all stimulants, exclusion of the sun's rays, sea-coast residence, sea voyage, and change of climate are urged by others, the last four being regarded as nearly infallible by one or more who have written. Cold sponging of the nostrils, with unctuous applications and collyria, are highly commended by Mr. Cooper. Only one writer, Mr. Mills, speaks of a prophylactic treatment—viz., the internal use of large doses of quinine for two or three weeks previous to the expected period of the attack, from which course he has himself derived great benefit.

My own observation of this disease has satisfied me that there is a period of incubation during which prophylactic treatment can be successfully employed in averting the paroxysm.

This disease must be regarded as a true fever. The constitutional disturbance, evidenced by dryness of surface; a sense of general irritability and physical prostration; incapacity for mental exertion; a diminution in the force, and a marked increase in the frequency, of the pulse; drowsiness or sometimes sleeplessness,—all indicate the action of some poisonous influence operating on the nervous and circulating systems, and seem to justify such a conclusion. While the local manifestations displayed by the irritation of the mucous membrane of the eyes, the nasal cavities, Eustachian tubes, pharynx, larynx, and bronchi are pathognomonic, and are doubtless due in a great measure to the local action of the presumed exciting cause of the disease—the respiration of pollen or "vapour of chlorophyll."

I am not prepared to discuss or to demonstrate satisfactorily the pathogeny of the disease; but if it be due to a determinate poisonous influence possessed by these particles floating in the air at this particular season of the year, there must be as well some constitutional condition which renders certain individuals peculiarly susceptible to this influence, or the disease would present the more distinctive characteristics of an epidemic, such, for example, as its congener, influenza. It is worthy of remark, in connexion with this point, that it is not only in the flowering season that those who are victims of this predisposition suffer from the disease; for they will be seized at other seasons of the year if they enter a room where hay is stored, and there are other odours which produce a like result.

My object is to describe a plan of local treatment, both prophylactic and remedial, from which I have obtained very encouraging success. I am in the habit of applying solutions of medicinal substances to the Schneiderian and other portions of the mucous membrane in the nasal fosse, faucial arch, &c., by means of a syringe, of which the following is a representation:—




The cylinder is made of hard rubber, and is capable of holding four drachms of fluid; the piston is of rubber also. The tubular shank (*e*) is about five inches long, and is terminated by a movable metallic nozzle, either curved (*a*) or straight (*b*), and perforated by fine holes in such a manner that the stream of fluid is showered in all directions. When using the instrument, the thumb is put through the ring (*g*), while the index and middle fingers grasp the head of the cylinder at *d*, being in close apposition with the plate (*f*), which affords a good fulcrum of resistance to the action of the thumb in discharging the contents of the syringe. The shank, being armed with the curved nozzle, is glided over the tongue until it passes behind the uvula; it is then raised by depressing the cylinder, and the contents of the syringe are forcibly discharged through the posterior nares. The fluid finds an exit through the anterior nares, having washed thoroughly in its passage the various fossæ and canals of the nose, to which it obtains ready access, opening as these do backwards and upwards. If successfully accomplished, the fluid will also be thrown into the Eustachian tubes. In like manner the faucial arch behind the velum can be washed effectively. Then, substituting the straight for the curved nozzle, a similar application is made through the anterior nares, so that no part of the mucous surfaces escapes the application. The shank is removable at *c* for the purpose of cleansing the instrument; and I may add that by screwing the straight nozzle in at the point *c*, a very effective ear syringe is obtained.

I have found this instrument very useful also in the treatment of ozæna, chronic catarrh, and polypi narium.

As a prophylactic application, to be made for some time previous to the usual period of seizure, I am very partial to a solution of ten grains of tannin in one fluid drachm of glycerine, diluted at the time of application with two fluid ounces of water, which may be tepid if more agreeable to the sensations of the patient, although I always prefer that it should be cold, but many patients complain of the shock produced by cold applications to the narial surface. The action of the tannin seems to remove, or at least diminish materially, the peculiar susceptibility of the mucous membrane to the irritation of aërial particles, while it prevents the tendency to congestion by its specific tonic action on the capillary vessels. I have also employed with the same objects in view, kreasote, watery solution of opium, sulphate of zinc, and acetate of lead. The applications should be made twice daily. During this period I also advise the use of a warm and stimulant pediluvium at night, careful attention to correct the slightest irregularity of the excretory functions, with generous diet and regular open-air exercise.

I do not deny the value of climatic change, especially with the advantage of a marine atmosphere; but as these are not within the reach of all patients, the foregoing plan is worthy of trial.

Should this prophylactic treatment be neglected, or should a paroxysm come on even after its employment, injections must be perseveringly continued; but now the use of remedies must be altogether tentative, for all experience teaches us that every patient will not bear equally well the administration of the same medicinal substances, nor the same patient at all times. The indications are clear enough: to soothe irritation, and to control the congestive action which has set in. To a weak solution of nitrate of silver (three or four grains to the ounce), I certainly give the preference, in the earliest stage. I have also tried sulphate of copper, chloride of zinc, and other similar preparations; but I have found the tannin solution, made somewhat stronger, and with the addition of a few minims of dilute sulphuric acid, answer my purpose quite as well.

The constitutional treatment must be regulated according to the prominent indications in each case. I repeat that I have derived more satisfaction from the persistent use of the iodide of potassium in combination with watery extract of bark than from any other internal remedy. The diet should be restricted as to the amount of fluid elements; but I have never found the moderate use of stimulants prejudicial.

The snuffing up of vapour from volatile substances, such as kreasote, camphor, ammonia, and chloroform, is a valuable auxiliary means of local treatment; but the application of solid particles, such as salt, powdered opium, or tobacco, is very objectionable, and calculated only to increase the irritability of the membrane.

I remain, Sir, your obedient servant,

July, 1864. H. MELVILLE, M.D.

*An Old Subscriber*, (Bentley.)—The qualification is not sufficient under the present regulations. The Poor-law Board will, however, probably insert it in any fresh regulations which they may issue.

*Not a Graduate.*—There would be no impropriety in a person so qualified assuming the title.

*F.R.C.S.*, (Hartlepool.)—1. No time has yet been specified.—2. We have not heard that either of the gentlemen named is a candidate for the vacant office.

*A Careful One.*—1. The solution of strychnia in the new Pharmacopœia may be very safely employed in five-minim doses.—2. Croton oil in a minim dose is one of the most certain and powerful of purgatives.

*M.D.*—There are twenty localities within an easy distance of London quite as advantageous for the purpose as that mentioned.

### BURIAL OF STILL-BORN CHILDREN.

*To the Editor of* THE LANCET.

SIR,—Being much surprised at the bold and unblushing assertion made by Dr. Hanks at an inquest held by Mr. Humphreys at the "Three Cups Tavern," Bow, on Thursday, the 21st inst., "that it was a common practice for medical men to let the bodies of *still-born* children be buried in back gardens," knowing such a statement to be contrary to truth, and likely to lead to serious consequences if not contradicted, as medical men of the East-end of London we beg to enter our indignant protest against such a charge, the medical profession having long known that a "certificate" was necessary in all cases of still-born children.

Dr. Hanks's statement that "the medical profession wished particularly to know whether still-born children required certificates," also "that after the verdict they would know what to do," was quite uncalled for, and his own conduct was likely to cast a slur on the profession to which he belongs.

We remain, Sir, yours obediently,

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|---|---|
| E. M. DAVEY. | BEN. R. LUEL. |
| G. ROGERSON. | GEO. DAVIES. |
| RAPHAEL MELDOLA. | W. NIX. |
| J. G. MASSINGHAM. | W. R. GOODFELLOW |
| PRE. E. J. REILLY. | CHAS. HAWKER. |
| B. J. SHAW. | E. MOORE. |
| SAML. THOMPSON. | J. B. HAMILTON |
| L. LLEWELLYN. | A. ATKINS. |
| C. ROSE. | A. NELHAM. |

July, 1864.

### SMALL-POX BY RAILWAY.

*W. J., M.D.*, in a letter to *The Times*, noticing a previous letter which we copied in THE LANCET of last week, suggests "that the criminal law will hold the directors of railways responsible for any ill consequences of their servants' acts in like cases." He further refers to Roscoe's "Digest of the Law of Evidence in Criminal Cases," 9th edition, by Mr. D. Power, where it is said that "where a gaoler, knowing that a prisoner infected with the small-pox was lodged in a certain room in the prison, confined another prisoner against his will in the same room, and the latter prisoner, who had not had the distemper (of which the gaoler had notice), caught it, and died of it, it was held murder in the gaoler." (Castell *v.* Bambridge, 2 Str., 856; Foster, 322; East, P. C., 331; page 609.) The case cited by "W. J., M.D.," is not a parallel one. To fix responsibility upon the railway company, it must be proved that their agent was cognizant of the fact that the first passenger was really suffering from an infectious disease. The difficulty of proof in such a case is very great.

*Nemo* acted as a conscientious practitioner would feel bound to do. If he had allowed the child to die, he would have been guilty of homicide by omission. The conduct of the medical gentleman alluded to is to be regretted.

### THE GRIFFIN TESTIMONIAL FUND.

*To the Editor of* THE LANCET.

SIR,—The following subscriptions have been further received on behalf of the above Fund:—

| | | | |
|---|---|---|---|
| Jas. Hair, Esq., Bures St. Mary | £0 | 10 | 6 |
| C. F. J. Lord, Esq., Hampstead | 0 | 10 | 6 |
| Dr. R. Martin, Warrington | 1 | 1 | 0 |
| Dr. Bisset Hawkins, Dorchester | 1 | 1 | 0 |
| Dr. Wm. Sankey, Hollingbourne | 1 | 1 | 0 |
| Amount previously announced | 39 | 7 | 6 |
| Received at THE LANCET Office | 2 | 18 | 0 |

Yours obediently,
ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street Without, July 27th, 1864.

*Mr. Robert Day.*—There must be some mistake in the matter. No person could be allowed to intrude himself under such circumstances. We advise Mr. Day to make an application to Dr. Roberts; and if he will submit the correspondence to us, we will treat it upon its merits.

*Another Physician.*—The person named has already had a polite hint, which may be repeated on a future occasion in a different style of language.

### CHLORODYNE.

*To the Editor of* THE LANCET.

SIR,—Mr. Ashburner's (of Manchester) recipe for chlorodyne would, I believe, be a very good one if it was only possible to mix it. I have made two attempts to do so, and consider that I have failed. The acetate of morphia will not dissolve in the chloroform without being boiled for some minutes, and the treacle and chloroform will continue to separate, notwithstanding all the agitation or stirring you can give it, whether made with gum-water or water, unless the whole is boiled, till, I believe, nearly or quite all the chloroform is evaporated. Will Mr. Ashburner be so good as to explain this, or give us some fresh and specific directions about the mixing it? Why do not the Pharmacopœia Committee give us a formula for chlorodyne under some name or other? I respectfully commend it to their consideration.

Yours truly,
July, 1864. AGGROS.

*Matriculator.*—1. French and German will be of more use to our correspondent than Latin and Greek.—2. Hilpert and Flügel's Dictionaries.—3. Mayne's Lexicon.

*Judex.*—Baker on the Law of Coroners.

*Aleph.*—A croupous inflammation may take place of other mucous membranes than that of the windpipe.

*H. M.*—There are such Universities abroad. The Medical Council have the power of registering or of rejecting their diplomas.

### BROMIDE OF POTASSIUM.

*To the Editor of* THE LANCET.

SIR,—In answer to your correspondents respecting the properties of the bromide of potassium and its influence on the generative organs, as stated in my "Companion to the British Pharmacopœia," I may mention that they are given on the authority of Wood and Bache, last edition, p. 1215; Dr. Garrod's recent work, "Essentials of Materia Medica," p. 115; and Dr. Sieveking on Epilepsy, p. 291. It is from such sources that the whole of the brief notices of "medicinal properties" have been obtained.

I am, Sir, yours, &c.,
Oxford-street, July, 1864. P. SQUIRE.

*Thomas C***.*—In rachitis the bones do not become hard; whilst in osteomalacia they have become hard, but have got soft again.

*Sunderland* omitted to enclose his card in his very polite communication. If he is desirous that his letter should be published, he must attach his name to it.

### CHLOROFORM AND SPINAL DISEASE.

*To the Editor of* THE LANCET.

SIR,—Dr. Jenner, in his notes of the case of the late Dr. Leonard Emanuel, published in THE LANCET some weeks ago, mentions that the deceased had been in the habit of inhaling large doses of chloroform up to a week before his death. I should feel greatly obliged if you would be kind enough to inform me whether any connexion has been observed between the repeated inhalation of large quantities of chloroform and spinal disease.

Yours obediently,
London Hospital, July, 1864. STUDENT.

*A Surgeon*, (Woolwich.)—There has been a slight increase of enteric fever lately in London, but not more than is usually observed at this time of the year. The outbreak at Woolwich is not extraordinary, if the long continuance of hot weather and the absence of rain be considered. We would refer our correspondent to Dr. Marchison's work on the "Continued Fevers of Great Britain," p. 455, for some remarks on the connexion between the prevalence of diarrhœa and enteric fever.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. R. Fowler; Sir Wm. Wake; Mr. Miller, Woburn; Mr. Croft, Aylsham (with enclosure); Mr. Milner (with enclosure); Mr. Saunders; Mr. Wright; Dr. Wheatley, Carlisle; Mr. Ryott (with enclosure); Mr. Fernell, Sheffield; Mr. Coleman; Mr. Evans (with enclosure); Mr. Dawson, Brentwood; Mr. J. H. Quin; Dr. Lanphier, Alford; Mr. Wood; Mr. Joynson, Northwich; Mr. Crocker; Mr. Brookhouse, Nottingham; Dr. Williams, Norwich; Mr. Alderson; Mr. C. F. Maunder; Mr. Buckingham, Exeter; Mr. Cox, Birmingham; Mr. Pulling; Dr. Woodman; Mr. Sequeira; Mr. Rees; Dr. Wade; Dr. Owen, Bromyard; Rev. T. Simpson; Mr. Morris, (with enclosure); Mr. Gardner; Dr. Wrangham, Wragby; Mr. Davis, (with enclosure); Mr. R. E. Hayes, Enniskillen; Dr. Duke; Dr. West; Mr. Maude, Margate; Mr. Edwards; Dr. Jeans, Southampton (with enclosure); Mr. Williamson (with enclosure); Dr. Dolmage; Mr. J. Wilkin; Mr. Bacot, Blandford; Dr. Parsons, Bristol; Mr. W. T. Y. Smith; Mr. Wadsworth, Emsworth; Dr. Nicholls, Devizes; Mr. M'Gill, (with enclosure); Mr. Heckford; Feminine; F.R.C.S.; W. P.; A Member of the College of Surgeons, 1860; Constans; Tally Ho; H. M.; M.R.C.S.; Another Physician; J.; Pharmaceutical Society; Indagator; Metropolitan Board of Works; The Oxford and Canterbury Hall Company; M.D.; Hakim-Hakim; C. B.; A Staff Surgeon, India; An Old Subscriber; M.D., R.N.; Sunderland; &c. &c.

THE *London Mirror*, the *City Press*, the *Newcastle Daily Journal*, the *Delhi Gazette*, and the *Bombay Saturday Review* have been received.

## Medical Diary of the Week.

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| MONDAY, AUG. 1 | ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.<br>METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M. |
| TUESDAY, AUG. 2 | GUY'S HOSPITAL.—Operations, 1½ P.M.<br>WESTMINSTER HOSPITAL.—Operations, 2 P.M. |
| WEDNESDAY, AUG. 3 | MIDDLESEX HOSPITAL.—Operations, 1 P.M.<br>ST. MARY'S HOSPITAL.—Operations, 1 P.M.<br>ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.<br>GREAT NORTHERN HOSPITAL, CARDONIAN-ROAD.—Operations, 2 P.M.<br>UNIVERSITY COLLEGE HOSPITAL.—Operations, 3 P.M.<br>LONDON HOSPITAL.—Operations, 2 P.M. |
| THURSDAY, AUG. 4 | ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.<br>CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.<br>LONDON SURGICAL HOME.—Operations, 2 P.M.<br>WEST LONDON HOSPITAL.—Operations, 3 P.M.<br>ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M. |
| FRIDAY, AUG. 5 | WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. |
| SATURDAY, AUG. 6 | ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.<br>LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.<br>ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.<br>KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.<br>ROYAL FREE HOSPITAL.—Operations, 1½ P.M.<br>CHARING-CROSS HOSPITAL.—Operations, 2 P.M. |


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